

CREDIT CARD AUTHORIZATION FORM



United Way
of Coastal Carolina

Charge a one-time annual gift of \$ to my credit card (Minimum \$25 gift, please)

Or, charge my credit card ____ monthly or ____ quarterly, for a total amount to be charged: \$

Credit Card Type: VISA MC

Credit Card Number:

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CCV: Exp date:

Cardholder's name as it appears on the credit card:

Cardholder's billing address:

Street:		
City:	State:	Zip:

Cardholder's phone number:

Cardholder's Signature:

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