



The **LAULIMA**
Giving Program



CREDIT CARD DONATION FORM

Country: United States Payment Type: VISA MASTER CARD AMEX DISCOVER

FIRST Name: _____ LAST Name: _____

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____(Month) _____(Year) CSC Number: _____(3 or 4 digit on back/front of the card)

Billing Address: _____

Street

_____ City _____ Island or State _____ Zip Code

Telephone: _____ Home _____ Cell _____

Email Address: _____

Amount: \$ _____ or \$10 \$25 \$50 \$75 \$100 (circle one)

Authorization: I agree to allow my credit card to be charged for the following amount \$ _____

Authorized Signature: _____

Attested by: _____ Date: _____

Incentive Qualified for: _____

For Office Use Only:

Telethon Shift: _____ Received By: _____