



CASHMIR DONOR CREDIT CARD
AUTHORIZATION

(all items must be completed)

Cardholder's name (exactly as it appears on card):

Type of Credit Card (**Debit, VISA, MC, American Express**) _____

Cardholder's credit card # _____

Card expiration date _____

Security Code (last 3- digits on back of card) _____

Cardholder's billing address:

Street _____

City _____

Postcode/Zip Code _____

Amount Authorized _____

Cardholder's Signature _____

Date _____

Gift Aid Please state Yes/No _____

Phone number and/or email address (will **only** be used to notify cardholder if there is a problem with this transaction):

TELEPHONE:

EMAIL:

Designation (e.g. a specific memorial, fundraiser, in honor of an individual) _____
