



PAYMENT BY CREDIT CARD

CREDIT CARD AUTHORIZATION FORM

DONOR INFORMATION:

Donor Name: _____

Address: _____

City _____ State _____ Zip Code _____

Phone Number: _____ Home
_____ Cell
_____ Business

E-mail Address: _____ Personal
_____ Business

The gift is designated to fund the: _____

Charge my credit card: One-time charge Ongoing or multiple charges

Reoccurring charge every: Month Quarter Year beginning: ____/____/____
ending: ____/____/____ until expiration date on credit card (see below)

Name as it appears on credit card: _____

Credit card number: _____ Expiration date: _____

Verification code: _____ American Express MasterCard Visa

Authorized Signature

Date

THANK YOU FOR YOUR GIFT. PLEASE FORWARD COMPLETED FORM TO:

Historical Society of Central Florida, Inc.
65 East Central Blvd. • Orlando, FL 32801 • 407.836.8559