



CREDIT CARD DONATION FORM

Name: _____
First Middle Last

Mailing Address: _____

Phone Number: () - _____ **E-Mail Address:** _____

Please charge my: Visa MasterCard Discover AMEX

Card Account Number: _____

Expiration Date: _____ **Amount of Donation \$:** _____

What prompted your donation? Voices of Compassion Newsletter Maryknoll Magazine Web Site Other _____

We welcome your comments: _____

Cardholder's Signature: _____

Mail to:
Maryknoll Lay Missioners
P.O. Box 307
Maryknoll, NY 10545-0307

-----Official Use Only-----

Operator: _____ Date: _____ Authorization#: _____

Today's Date: _____ Processed By: _____

Notes: _____