STONY BROOK
STATE UNIVERSITY OF NEW YORK

CREDIT CARD CHARGE AUTHORIZATION FORM

DATE: _____
DONOR NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____
ZIP: _____
COUNTRY: _____
HOME TELEPHONE #: _____
BUSINESS TELEPHONE #: _____

CARD TYPE: _____**VISA** _____ **MASTERCARD**
_____**AMEX** _____**DISCOVER**

CREDIT CARD #: _____
EXPIRATION DATE: _____

CARDHOLDER'S SIGNATURE: _____
( ) Check here if the credit card charge was authorized by the donor by telephone

GIFT AMOUNT: _____
PURPOSE OF GIFT: _____
_____

COMPLETED BY: _____
DEPARTMENT: _____ **TEL #:** _____
9/1/03