



Jerry Cebulski African Disability Foundation (JCADF) Credit Card Donation Form



Use this form for donations via credit card. The asterisk (*) at the end of a question means required information.

Donation Date

Enter a start date for the recurring donation.

Start Date _____ * (MM/DD/YYYY)

Donation Type (Check One)

- One (1) Time Donation
 Recurring Monthly Donation

Payment/Authorization Information

Circle Payment Method: *American Express, Discover, MasterCard, & Visa* *

Card Number _____ * (enter number without spaces)

Expiration Date _____ * (MM/YYYY) Security Code _____ * (on card back)

Donated Amount _____ * (e.g., \$20.00)

Customer Billing Information



First Name _____ *

Last Name _____ *

Company _____

Address _____ *

City _____ *

State _____ *

Zip Code _____ *

Phone _____ *

Email _____

Authorization

I authorize JCADF to charge my credit card for the above amount. If this is a recurring donation, I understand that credit card charges will begin on the above start date and will reoccur on the same date each month.

 Sign to authorize your donation above the line

 Date of Authorization