

Anonymous Credit Card Donation Authorization Form

Instructions: Please complete and print this form to authorize your donation. To maintain your anonymity, the information provided below will be used strictly for payment processing and will not be shared, published, or added to public donor registries.

Donation Details

Donation Amount (\$):

Donation Frequency (e.g., One-Time, Monthly):

Designation/Purpose (e.g., General Fund, Specific Initiative):

Confidential Credit Card Information

Cardholder Name (as it appears on card):

Card Type (e.g., Visa, Mastercard, Amex, Discover):

Credit Card Number:

Expiration Date (MM/YY):

Security Code (CVV):

Confidential Billing Address

Street Address:

City:

State / Province:

Postal / Zip Code:

Contact Phone (only used if payment processing issues arise):

Authorization & Signature

I authorize the recipient organization to charge the credit card indicated in this authorization form according to the terms outlined above. This authorization is for the specified donation amount and is to be kept completely confidential.

Authorized Signature (Sign after printing):

Date: