



CREDIT CARD FORM FOR CAMPUS USERS

Date: _____

Name (First/MI/Last): _____

Spouse/Partner Name: _____

Address (City/State/Zip): _____

Phone Number: (_____) _____ Email: _____

Corporate Card? If so, enter full business name: _____

Amount: _____

Designation: _____

Type: Gift

Pledge Payment

Non-Gift [Provide description: _____]

Do you want multiple payments charged on same card? Yes No

Total Amount of Commitment: _____

Start Date of Payments (MM/DD/YY): ____/____/____/

Number of Payments: _____ Amount of Each Payment: _____

Frequency: Monthly Quarterly Semi-annually Annually

Credit Card Type: MasterCard Visa American Express Discover

Card Number: _____

Expiration Date: _____ CVV Code: _____

Name as it appears on card: _____

Signature: _____

By signing this form, I attest that I have completed the Foundation's PCI training within the last 12 months, and that anyone in my unit who also handled this transaction has also completed this training within the last 12 months.

*You may write 'Taken Over Phone — Verbal Authorization' if applicable

PLACE COMPLETED FORM IN THE FOUNDATION ACCOUNTING DROP BOX WITH A TRANSMITTAL COVER SHEET
PLEASE NOTE THAT "THE FSU FOUNDATION" WILL APPEAR ON THE CARDHOLDER'S STATEMENT
THE FSU FOUNDATION IS PROHIBITED FROM ACCEPTING CREDIT CARD INFORMATION VIA EMAIL AND FAX