



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: _____

*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