

Credit Card Donation Sheet

[we accept MasterCard, Visa, or Discover]

Mail to:

**Mission Office
Archdiocese of San Francisco
1 Peter Yorke Way
San Francisco CA 94109**

For Program _____

Name (on credit card) _____

Billing Address _____

Daytime phone number (____) _____ - _____

Account number (16 digits) _____

Security Code (3 digit number on back of card) _____

Expiration Date (as it appears on card) _____

Amount \$ _____

Please check your choice below and complete the needed information:

Charge my credit card for the above amount one time only.

OR

Charge my credit card for the above amount on a recurring monthly basis beginning _____ (month) _____ (year) and ending at card expiration date unless otherwise notified by me.

Signature _____ **Date** _____