**Credit Card Authorization Form**

**Virtual Program Chosen:**

**Amount of Donation:**

**CARDHOLDER INFORMATION:**

**Credit Card Type**:     [ ]  MasterCard **[ ]** Visa

Name:

Address:

Billing Street Address:

City:        State:         Postal Code:             Country:

Email:

Number:

Expiration Month: Expiration Year: Security Code/CVV:

Cardholder Signature:  Date: (day/mo/year)

*(required)*

*Please return this signed document along with a copy of your Credit card to the Director of Finance Mr. Jiries Asfour at****ajiries@nd.edu*** *with a “cc”* to our Program Office at ***tanturpo@nd.edu******.***