

Payment Information Form

Donor's Name: _____

Phone Number: _____

Credit Card payment

I authorize the Anjuman -e- Saifee to charge (amount in U.S. dollars) \$_____ to the following credit card account:

Type of Card: check one: Master Card VISA Discover

Credit Card Number: _____ - _____ - _____ - _____ Expiration Date (MM/YYYY): _____

Name on Credit Card: _____

Credit Card Verification Code: _____

Zip of Cardholder: _____

Credit Card Billing Address: _____

Cardholder Signature: _____

Check payment

Check Number: _____

Amount: \$ _____

Date: _____

Name on Check: _____

