

**TRINITY UNIVERSITY CREDIT CARD GIFT FORM**  
**ATTENTION: OFFICE OF DEVELOPMENT**

Today's Date: \_\_\_\_\_

Donor's Name \_\_\_\_\_

Class Year: \_\_\_\_\_

Donor's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Credit Card Type (please "X" mark below)

American Express \_\_\_\_\_ Master Card \_\_\_\_\_ Visa \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date \_\_\_\_\_

Donor's name as it appears on the Credit Card: \_\_\_\_\_

Gift Amount: \$ \_\_\_\_\_ Gift Allocation: \_\_\_\_\_ Annual Fund

\_\_\_\_\_ Other-please State: \_\_\_\_\_

THANK YOU FOR SUPPORTING TRINITY UNIVERSITY  
DEVELOPMENT FAX 202/884/9729