

TRINITY UNIVERSITY CREDIT CARD GIFT FORM

ATTENTION: OFFICE OF DEVELOPMENT

Today's Date: _____ Donor's Name: _____

Donor's Affiliation: _____ Class Year: _____

Donors Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____

Credit Card Type (please "X" mark below)

Master Card _____ Visa _____ or Discover _____

Credit Card Number: _____ - _____ - _____ - _____

Add'l Credit Card Numbers _____ Expiration Date: _____
(include 3 digits on reverse of card in signature box if applicable).

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

Gift Amount: \$ _____ Gift Allocation: _____ Annual Fund
_____ Centennial Campaign
_____ Other-please state: _____

THANK YOU FOR SUPPORTING TRINITY UNIVERSITY!