

CREDIT CARD DONATION FORM

Please fill out this form completely when making donations to by credit card. A signature must be obtained each time a credit card transaction is requested for **The Body Electric Foundation** to avoid any charge disputes made by the donor. All donations are tax deductible, except when the donor receives something of value in return for their donation.

Please mail this completed form to the address at the top of this page. Please PRINT clearly.

Program Name THE BODY ELECTRIC FOUNDATION **Program #** 5032963

Donor Information:

Name of Donor as it appears on the card _____

Billing Address Street _____

Billing Address City _____ State _____ Zip _____

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Credit Card Information

Type: Visa MasterCard Discover American Express

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Donation Information:

Donation Amount \$ _____ One-time Donation Monthly Donation

With my signature below I authorize Congressional District Programs, Inc. (cdprograms.org/) to process this donation on behalf of the program listed above. I understand my billing statement will show a charge from **Congressional District Programs**.

Donor Signature _____ **Date** ____/____/____

Program Manager Signature _____ **Date** ____/____/____

CDP STAFF USE ONLY

Authorized Signature: _____ Process Date: ____/____/____

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The Body Electric Foundation

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