



# CREDIT CARD PAYMENT FORM

**CONFIDENTIAL INFORMATION**

**PAYMENT AMOUNT**

The cardholder authorizes the UVM Foundation to charge the cardholder's credit card in the amount of \$ \_\_\_\_\_

**PAYMENT DESIGNATION**

- This payment is for a gift as described in the attached Gift and Pledge Form.
- This payment is an unrestricted gift and may be used where the need is greatest at The University of Vermont.
- This payment is a gift designated to: \_\_\_\_\_
- This payment is for: \_\_\_\_\_

**CARDHOLDER INFORMATION**

Cardholder _____	Spouse / Partner's Name _____
Class Yr(s). _____	Class Yr(s). _____
E-mail _____	E-mail _____
Address _____	Address _____
City/State/ZIP _____	City/State/ZIP _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Employer Name _____	Employer Name _____
Business Title _____	Business Title _____
Business Address _____	Business Address _____
Business City/State/Zip _____	Business City/State/Zip _____
Business Phone _____	Business Phone _____

**STAFF USE ONLY**

**CARDHOLDER SIGNATURE** \_\_\_\_\_ Date \_\_\_\_\_

Revised 8/9/2019

*Your gift is administered based on your intentions as well as policies approved by the Board of Directors of UVM Foundation. Visit [uvmfoundation.org](http://uvmfoundation.org) to view statements related to donor rights and privacy; gift, endowment and fee policies; board bylaws and meeting minutes; audited financial statements; IRS forms and documents; and FAQs.*

**CREDIT CARD INFORMATION**

Please note: UVM Foundation retains no credit card information.

- MasterCard
- Visa
- Discover
- American Express

Card Number \_\_\_\_\_

Expiration Date (month/year) \_\_\_\_\_ / \_\_\_\_\_

Security Code (CVC2, CVV2, CID) \_\_\_\_\_