

Credit Card Authorization Form for Charitable Donations

Date: _____

To: [Charity Organization Name]

Address: [Charity Organization Address]

Donor Information

Name: _____

Email: _____

Phone: _____

Credit Card Information

Cardholder Name: _____

Card Number: _____

Expiration Date: ____ / ____

CVV: _____

Donation Details

Donation Amount: \$ _____

Purpose of Donation: _____

Authorization

I, the undersigned, authorize [Charity Organization Name] to charge my credit card for the above donation amount.

Signature: _____

Date: _____

Thank You!

Your support is greatly appreciated. A receipt will be sent to your email.