



CREDIT CARD DONATION FORM
(please print clearly)

Please choose one:

Today's Date: ____ / ____ / ____

This gift amount: _____ or/

Monthly recurring gift amount: _____ on the 1st _____ 15th _____ 30th _____

(Monthly donations are processed the 1st, 15th or 30th. Please select your preferred date.)

Full Name on Card: _____

Billing Address: _____

Daytime Phone #: _____

Visa _____

Discover _____

MasterCard _____

AMEX _____

Credit Card #: _____

Expiration Date: ____ / ____ / ____

V Code: _____

Donation Preference:

She Is Safe Where Needed: _____

Project: _____

(project name)

Personnel Ministry: _____

(staff name)

Email (for newsletter mailings): _____

How did you hear about SIS? _____

Comment: _____

11095 Houze Rd., Suite 100 • Roswell, GA • 30076
(770) 552-1400 • Toll Free: (877) 553-1402 • info@sheissafe.org

CONFIDENTIAL