WEB

UNION GOSPEL MISSION MONTHLY CREDIT CARD DONATION

Union Gospel Mission, Po Box 1073 Stn. Main Winnipeg, MB. R3C 2X4

Date: ☐☐ ☐☐ ☐☐ (Month Day Year) **Telephone:** ☐☐☐ ☐☐☐ ☐☐☐☐

Name: _____ **Cardholder:** _____

Address: _____ **Donor #** ☐☐☐☐☐

City: _____ **Postal Code:** _____

Amount: $ _____ **Designation** _____ **Monthly** _____ (Preferred Date)

Visa M/C ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ **Expiry:** ☐☐ ☐☐ (Month Year)

↓For Office Use Only↓

Called M/C - VISA: ☐☐ ☐☐ ☐☐ (Month Day Year) **Verification #** _____ **Cleared:** _____

Silent Partner: ☐☐ ☐☐ ☐☐ (Month Day Year) **Batch #** ☐☐☐☐ **Receipt #** ☐☐☐☐☐☐

Called M/C - VISA: ☐☐ ☐☐ ☐☐ (Month Day Year) **Verification #** _____ **Cleared:** _____

Silent Partner: ☐☐ ☐☐ ☐☐ (Month Day Year) **Batch #** ☐☐☐☐ **Receipt #** ☐☐☐☐☐☐

Called M/C - VISA: ☐☐ ☐☐ ☐☐ (Month Day Year) **Verification #** _____ **Cleared:** _____

Silent Partner: ☐☐ ☐☐ ☐☐ (Month Day Year) **Batch #** ☐☐☐☐ **Receipt #** ☐☐☐☐☐☐

Called M/C - VISA: ☐☐ ☐☐ ☐☐ (Month Day Year) **Verification #** _____ **Cleared:** _____

Silent Partner: ☐☐ ☐☐ ☐☐ (Month Day Year) **Batch #** ☐☐☐☐ **Receipt #** ☐☐☐☐☐☐