



# CREDIT CARD FORM

OFFICE: (630) 966-2200      FAX: (630) 966-2248

Date \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Credit Card: Visa   MasterCard   American Express   Security # (3-4 digits) \_\_\_\_\_

Name \_\_\_\_\_ MID# \_\_\_\_\_

Lodge/Chapter Name & Number \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_ Phone# \_\_\_\_\_

Fund \_\_\_\_\_ Amount \_\_\_\_\_

Comments \_\_\_\_\_

Signature \_\_\_\_\_

---

*U.S. IRS guidelines require us to state that in return for this gift, the donor received no goods or services that would affect the charitable value of the donation.*

**Of 4**

*Do all the good you can, by all the means you can, in all the ways you can, in all the places you can, at all the times you can, as long as ever you can. John Wesley 1703-1791*