



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 _____

Address _____

City, State & Zip _____ Phone# _____

Fund _____ Amount _____

Comments _____

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.

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