UGA FOUNDATION

GIFT ACCOUNTING
CREDIT CARD PAYMENT COLLECTION FORM

DATE: _____ **INITIALS:** _____

NAME ON CARD: _____

GAIL LOOKUP ID: _____ **DONOR PHONE #:** _____

ADDRESS 1: _____

ADDRESS 2: _____

CITY, STATE, ZIP: _____

AMOUNT 1: $ _____ **FUND 1:** _____

AMOUNT 2: $ _____ **FUND 2:** _____

AMOUNT 3: $ _____ **FUND 3:** _____

TOTAL PAYMENT: $ _____

NOTES: _____

_____

TYPE: **Mastercard** **Visa** ☐☐☐☐ ☐☐☐☐

  Discover **Amex** **LAST FOUR DIGITS** **EXPIRATION DATE**

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Gift Accounting must detach and securely destroy the information below after successfully charging the credit card.

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CARD NUMBER **EXPIRATION DATE**

PER UNIVERSITY OF GEORGIA POLICY:
CREDIT CARD PAYMENTS SHOULD BE PROCESSED ONLY ON APPROVED DEVICES BY GIFT ACCOUNTING