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**

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

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **CARD NUMBER**

☐☐☐☐ **SECURITY CODE**

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