



Please mail completed form to the address below

### Credit Card Authorization Form

I hereby authorize Eastern Mennonite University to charge my credit card in the amount of \$ \_\_\_\_\_ on or about the 15<sup>th</sup> of each month.

I direct the Development Office to credit that amount to the following designation(s):

\$ \_\_\_\_\_ University Fund  
\$ \_\_\_\_\_ Seminary Annual Fund  
\$ \_\_\_\_\_ Center for Justice and Peacebuilding  
\$ \_\_\_\_\_ Center for Interfaith Engagement  
\$ \_\_\_\_\_ Science Center Campaign  
\$ \_\_\_\_\_ Bach Festival  
\$ \_\_\_\_\_ Other (Please specify) \_\_\_\_\_

Select one:   ☐ VISA   ☐ MasterCard   ☐ Discover   ☐ American Express

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_      3-digit Verification Number \_\_\_\_\_

This authority is to remain in full force and effect until Eastern Mennonite University has received notification from me of its termination in such time and in such manner as to afford Eastern Mennonite University a reasonable opportunity to act on it. I understand that I will only receive one annual (calendar year) receipt for my gift(s).

Print Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Today's Date \_\_\_\_\_

Signature \_\_\_\_\_

Please mail completed form to:

Office of Development  
Eastern Mennonite University  
1200 Park Rd  
Harrisonburg, VA 22802