

CAHU CHARITABLE COMMUNITY FOUNDATION
CREDIT CARD DONATION

CHAPTER: _____

Name of Event: _____

Date of Event: _____

Name of charity to which donation is made: _____

Donation amount to be charged: \$ _____

Charges are for (registration, mulligans, etc.): _____

I WOULD LIKE TO DONATE USING THE FOLLOWING CREDIT CARD:

AMEX Card # _____ Expiration Date: _____

VISA Card # _____ Expiration Date: _____

Mastercard # _____ Expiration Date: _____

Signature _____ Date _____

Print Name _____

Complete this form and send it to:

Accounting Department
CAHU Charitable Community Foundation
4747 N. First Suite 140 ♦ Fresno, CA 93726

PHONE: (800) 322-5934 ♦ FAX: (559) 227-1463
EMAIL: info@cahu.org

CAHU CCF TAX ID # 94-3276189