



**CREDIT CARD DONATION FORM**  
**(please print clearly)**

Please choose one:

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

This gift amount: \_\_\_\_\_ or/

Monthly recurring gift amount: \_\_\_\_\_ on the 1<sup>st</sup> \_\_\_\_\_ 15<sup>th</sup> \_\_\_\_\_ 30<sup>th</sup> \_\_\_\_\_

*(Monthly donations are processed the 1<sup>st</sup>, 15<sup>th</sup> or 30<sup>th</sup>. Please select your preferred date.)*

Full Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

Visa \_\_\_\_\_ Discover \_\_\_\_\_

MasterCard \_\_\_\_\_ AMEX \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ V Code: \_\_\_\_\_

Donation Preference:

She Is Safe Where Needed: \_\_\_\_\_

Project: \_\_\_\_\_  
(project name)

Personnel Ministry: \_\_\_\_\_  
(staff name)

Email (for newsletter mailings): \_\_\_\_\_

How did you hear about SIS? \_\_\_\_\_

Comment: \_\_\_\_\_

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