



Credit Card Transaction Information
Head of the Lakes United Way

CONFIDENTIAL

Geographic Area: [ ] Ashland - Bayfield [ ] Greater Duluth [ ] North Shore [ ] Superior-Douglas County

Name on Credit Card: \_\_\_\_\_ Company: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Credit Card Type: VISA \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express \_\_\_\_\_ Discover \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_
(mm/yyyy) (3-4 digits on back of card)

Amount: \$ \_\_\_\_\_ Reason for Transaction: \_\_\_\_\_

Comments: \_\_\_\_\_

Office Use Only Date Received: \_\_\_\_\_ Form completed by: \_\_\_\_\_

Date Processed: \_\_\_\_\_ CC Charge processed by: \_\_\_\_\_



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