

“BLESSED ARE THE MERCIFUL,  
FOR THEY SHALL OBTAIN MERCY.”  
(MATTHEW 5:7)



## Credit Card TIA Donation Form

|                    |
|--------------------|
| Gift Date<br>_____ |
|--------------------|

Amount of gift: \_\_\_\_\_  Monthly  One Time  Annual

|  |  |
|--|--|
| GL Code: _____<br><small>(internal use only)</small> | Soft Credit? _____<br><small>(ID Code)</small> |
|--|--|

I wish to support:  \_\_\_\_\_ Parish  Together in Action

### **Personal Information**

Name: \_\_\_\_\_ Raiser's Edge ID: \_\_\_\_\_  
(internal use only)

Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_  Home  Work

**Privacy:** The data we collect will only be used for the purpose of supplying you with the requested services or for other purposes for which you have given your consent, except where otherwise provided by law. We do not rent or sell your information.

### **Credit Card Information**

*(Note - a tax receipt can only be issued in the name of the credit card holder.)*

Card Holder Name: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

Card Type:  Visa  MasterCard  Amex

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

