



Donation and Credit Card Authorization Form

Date Submitted: ____ / ____ / ____

Donation Amount: \$5 \$10 \$25 \$50 \$75 100 150 250 Other: \$ _____

Mrs. Ms. Mr. Dr. Other: _____

Name: _____, _____, _____
First Name Last Name Middle initial

Address: _____

Apt./Box No.: _____ City/State: _____, _____ Zip Code: _____

Telephone Number: Home (____) _____ Work (____) _____ Mobile (____) _____

E-mail _____ @ _____ . _____
(Please type or print legibly)

Credit Card Type: VISA MASTERCARD American Express Discover

Check Money Order Cashiers Check

Cardholder Name: _____
(Please type or print legibly)

Signature: _____

Credit Card Number: _____ - _____ - _____ - _____ Check Number: _____

Expiration Date: _____ / _____ Billing Zip Code: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____



Comments: _____

Please send to: Education Access Network, P.O. Box 15305, Seattle, WA 98115