

Credit Card Payment Form

“Madison Bingham Memorial Scholarship Fund”

425 Woodward St. - Austin, TX 78704

512-479-8776

Name on card: _____

Street Address: _____ Zip Code: _____

Ph#(H) _____ Cell# _____ Ph#(W) _____

Email: _____

Would you like a contribution acknowledgement returned? Yes _____ No _____

Please note that we take **Visa** or **Mastercard** only!

Credit Card # _____

Exp. ____/____/____ Three Digit Security Code: _____

Total Amount to be charged to my credit card at this time: _____

X _____
Signature

I authorize Austin Junior Volleyball to make indicated charges to my credit card
in accordance with the card issuer agreement.

INSTRUCTIONS:

This form may be filled out by typing in your answers onto the designated lines per question. You can save as a new attachment to a file or desktop; change the name to your last name and donation. (i.e. King Donation), download this new attachment back to our office.

Or, you can fill out the form and fax back to our attention. (512-479-0080) Fax.
Email completed form to: donise@austinjuniors.com.

Please indicate if you would like a returned letter of donation.