



Donald T. Boumans Foundation
Credit Card Authorization

Please print all information clearly.

Date: ___/___/___

Name on Card: _____

Company: _____

Billing Address: _____

Phone Number (____) _____

Credit Card Type: (Please Circle One) Visa MC AX Discover

Credit Card Account #: _____

Expiration Date: ___/___ Security Code _____

Total of Donation: \$ _____

This is to authorize DTB Foundation to charge the above credit card for the donation amount indicated. DTB Foundation is a non-profit organization and all donations are tax deductible.

Authorized Signature: _____
(Will not be processed without signature)

Email form to: Peggy.Dean@EchoGroup.net