



FOR PAYMENT BY CREDIT CARD COMPLETE AND RETURN THE FOLLOWING:

CREDIT CARD NUMBER:

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EXPIRATION DATE

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PAYMENT AMOUNT \$104.00

(\$100.00 Donation plus \$4.00 convenience fee)

SEC CODE¹

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Your credit card statement is your tax receipt.

BILLING ADDRESS ZIP CODE: _____

SIGNATURE: _____ PRINT NAME: _____



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