



Please mail completed form to the address below:

Credit Card Authorization Form

I hereby authorize Eastern Mennonite University to charge my credit card in the amount of \$_____ on or about the 15th of each month.

I direct the Development Office to credit that amount to the following designation(s):

- \$_____ University Fund
- \$_____ Seminary Annual Fund
- \$_____ Center for Justice and Peacebuilding
- \$_____ Bach Festival
- \$_____ WEMC
- \$_____ Other (Please specify) _____

Select one: [] VISA [] MasterCard [] Discover

Credit Card Number _____

Expiration Date ____/____ 3-digit Verification Number _____

This authority is to remain in full force and effect until Eastern Mennonite University has received notification from me of its termination in such time and in such manner as to afford Eastern Mennonite University a reasonable opportunity to act on it.

Print Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Today's Date _____

Signature _____

Please mail completed form to:

Office of Development
Eastern Mennonite University
1200 Park Rd
Harrisonburg, VA 22802