



Credit Card Information Form

If you have credit card gifts that need to be processed for your fund, we will need the following information about each contribution in order to process the payment.

Date: _____ Organization: _____

Fund name: _____

Fund ID: _____ Event name: _____

Contributor Information on Credit Card

Name on Card: _____

Organization: _____

Billing Name: _____

Billing Address _____

Phone _____

Credit Card Number: _____

Credit Card Type: Visa
 Mastercard
 Discover
 American Express

Expiration Date _____ Amount of Gift: _____

Signature: _____

This completed form along with the credit card slip with signature should be sent to:

Donor Services
Greater Kansas City Community Foundation
1055 Broadway #130
Kansas City, MO 64105
Phone: 816-842-0944 • Fax: 816-842-0318