



CREDIT OR DEBIT CARD DONATION FORM

DONOR NAME _____ DONATION \$ _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ EMAIL _____
NAME ON CARD _____ SIGNATURE _____
CREDIT CARD # _____ EXP DATE _____

* Credit Card:



AccuFILEplus - Project # 9SEH00002 – Acct# 45209033

Mail completed form to below:

Feed The Children
Glenna Smith, Special Projects
PO Box 61
Oklahoma City, OK 73101-0061