



The Chapman Foundation, Inc
 22 Howard Creek Dr. Fountain Inn, SC 29644
 (864) 862-6797 Fax (864) 862-6285
<http://www.chapmanfoundation.com/>

CREDIT CARD PLEDGE FORM

FIRST NAME:	
LAST NAME:	
CREDIT CARD NUMBER:	
VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVERY <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER <input type="checkbox"/>	
EXPIRATION DATE:	CVV#

For MasterCard or Visa, it's the **last three digits** in the signature area on the back of your card. For American Express, it's the four digits on the front of the card.

BILLING ADDRESS LINE 1:	
BILLING ADDRESS LINE 2:	
CITY:	
STATE:	ZIP CODE:
COUNTRY:	HOME PHONE NUMBER: ()
EMAIL:	

I, _____ at this current address hereby give my
 (Full name as it appears on your credit card.)
 fully-informed consent, & I agree to allow The Chapman Products Company, Inc to debit my
 credit card number _____
 (MASTERCARD or VISA ONLY. Please type or print clearly.)
 in the amount of \$_____. By this credit card document I hereby give my complete
 approval to pay in full for specific pledge or donations, which I have directly consented and
 authorized.

CARD HOLDER'S SIGNATURE:	DATE: