

Credit Card Donation Form

Name(s)					
Address		City	State	Zip	
Email		Phone: □ home □ work □ cell			
Congregation	(name, city, state)				
Gift Amount:	\$				
Credit Card In	formation*:				
□ Visa	☐ MasterCard	☐ American Express	☐ Disc	☐ Discover	
Card #		CVV #	Exp. Da	te	
Name as it	appears on card:				
Signature		Date			

Please mail to:

Attn: Gift Processing Stewardship and Development Unitarian Universalist Association 25 Beacon Street Boston, MA 02108

Please feel free to contact us with any questions or concerns.

Our offices are open Mon –Fri 9am – 5pm (Eastern Time)

617-948-4662 (phone) ~ 617-725-4979 (fax) ~ *giftinfo@uua.org

*Please do not include credit card numbers in email correspondence.