



Selma Sundays Credit Card Donation Form

Name(s) _____

Address lines _____

City, State, Zip _____

Email _____

Phone _____ home work cell

Congregation (name, city, state) _____

Gift Amount: \$ _____

Credit Card Information*:

Visa MasterCard Amex Discover

Card number _____

Expiration Date _____ Security Code _____

Name as it appears on card: _____

Signature **Date**

Please mail to:

Attn: Gift Processing, Stewardship and Development
Unitarian Universalist Association
24 Farnsworth Street
Boston, MA 02210-1409

888-792-5885 or development@uua.org *

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



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