



Authorization for Credit Card Use

All DONATIONS are Tax-Deductible & will remain confidential

Name on Card: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

Amount to Charge: \$ _____ (USD) One Time _____ -OR- Monthly _____

I authorize A Stepping Stone, Inc to charge the amount listed above to the credit card provided herein. I agree to pay for this donation in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

Return the completed and signed form to the following:

A Stepping Stone, Inc

3420 Pump Rd #295 Richmond VA 23233

(804) 887-9936

SteppingStoneServices.org

SteppingStoneVA@gmail.com