



# 2015 COP Sunday DEBIT or CREDIT CARD TRANSACTION *(Please PRINT neatly.)*

**SPONSOR ID #** *(if new, write "New"):* \_\_\_\_\_

**NAME:** \_\_\_\_\_  
*(Print your name as it appears on your debit or credit card.)*

**ADDRESS:** \_\_\_\_\_  
*(Use the same address as your charge card billing address.)*

**CITY/STATE/ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_  
*(You authorize Children of Promise to withdraw funds using your debit or credit card as outlined in the next column.)*

Card Type:  VISA  MASTERCARD  AMERICAN EXPRESS  DISCOVER

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
*(Month/Year) (3 numbers on back of Visa, MC or Discover; 4 numbers on front of American Express)*

**SPONSORSHIP FUNDS:** \$ \_\_\_\_\_ (Recurring Charge?  Yes  No)

**GIFT:** Birthday \$ \_\_\_\_\_ Christmas \$ \_\_\_\_\_

**MAKING IT ALL HAPPEN:** \$ \_\_\_\_\_ (Recurring Charge?  Yes  No)

**UNSPONSORED CHILDREN'S FUND:** \$ \_\_\_\_\_ (Recurring Charge?  Yes  No)

**EMERGENCY FUND:** \$ \_\_\_\_\_ (Recurring Charge?  Yes  No)

**OTHER:** \$ \_\_\_\_\_ (Recurring Charge?  Yes  No)

**Total Amount:** \$ \_\_\_\_\_ **Date:** \_\_\_\_\_

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