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Select a donation amount from the list below...

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Name: _____ Phone: _____ Email: _____

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This gift is in memory/honor of _____

Please notify the following person of this gift: _____

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Bill Me

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Account Type: Visa MasterCard Discover

Cardholder Name _____

Account Number _____ Expiration Date _____

CVN (3 digit number on back of Visa, MC, Discover) _____

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

OFFICE USE ONLY: CC AUTHORIZATION: _____



Pathways Counseling & Growth Center

Making a Difference in People's Lives

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