



Donation contribution mail/fax form:

Please let this serve as an authorization to charge my credit card in the amount of \$\_\_\_\_\_ for a gift to The Gordie Foundation donation program.

Your Name: *(please print name as it appears on credit card)*

\_\_\_\_\_

Type of Credit Card: Visa \_\_\_ MasterCard\_\_\_ American Express \_\_\_ Discover \_\_\_

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Code # \_\_\_\_\_ (this is a 3 or 4 digit number on the back of your card after the last digits of your account)

Signature \_\_\_\_\_

(I agree to this charge and understand The Gordie Foundation policies and agreements)

Date: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ @ \_\_\_\_\_

Address: \_\_\_\_\_

(this address must be the billing address for the credit card holder)

City: \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

By signing this form, I agree that I have read and understand The Gordie Foundation's Privacy policy located at [www.gordie.org](http://www.gordie.org). I understand and agree to these terms and expressly waive any rights to credit card charge backs as a means to mediate disputes.

**Please mail or fax this form to our offices at:**

The Gordie Foundation  
2715 Swiss Avenue  
Dallas, Texas 75204  
214 823-0235 (TEL)  
214 823-0236 (FAX)