DeWitt Community Church
Credit Card Payments

Date Taken: _____

Initial: _____

Gift Type: _____

Date Posted: _____
Initial: _____
Amount: _____

Donor Name: _____

Day Phone: _____

Alternate Phone:_____

E-Mail Address:_____

Donor Address: _____

_____

_____

Type of Card: MC   Visa   Disc   AmExp

Credit Card Number: _____

Expiration Date: _____

Security Code Number: _____