

**American Diabetes Association**  
**Tour de Cure 2008**

**CREDIT CARD DONATION FORM**

**PARTICIPANT'S INFORMATION:**

NAME

**CARDHOLDER'S INFORMATION:**

FIRST NAME  M.I.  LAST NAME

STREET NUMBER  STREET NAME

CITY  STATE  ZIP

HOME PHONE  WORK PHONE  EXT.

AM EX  DISCOVER  MASTERCARD  VISA  CARD NUMBER  EXP

CHARGE AMOUNT \$  SIGNATURE \_\_\_\_\_



\* 0 2 0 4 \*

**American Diabetes Association**  
**Tour de Cure 2008**

**CREDIT CARD DONATION FORM**

**PARTICIPANT'S INFORMATION:**

NAME

**CARDHOLDER'S INFORMATION:**

FIRST NAME  M.I.  LAST NAME

STREET NUMBER  STREET NAME

CITY  STATE  ZIP

HOME PHONE  WORK PHONE  EXT.

AM EX  DISCOVER  MASTERCARD  VISA  CARD NUMBER  EXP

CHARGE AMOUNT \$  SIGNATURE \_\_\_\_\_



\* 0 2 0 4 \*

**American Diabetes Association**  
**Tour de Cure 2008**

**CREDIT CARD DONATION FORM**

**PARTICIPANT'S INFORMATION:**

NAME

**CARDHOLDER'S INFORMATION:**

FIRST NAME  M.I.  LAST NAME

STREET NUMBER  STREET NAME

CITY  STATE  ZIP

HOME PHONE  WORK PHONE  EXT.

AM EX  DISCOVER  MASTERCARD  VISA  CARD NUMBER  EXP

CHARGE AMOUNT \$  SIGNATURE \_\_\_\_\_



\* 0 2 0 4 \*