# Credit Card Information Form

***Cardholder Information***

Cardholder Name as it appears on Card: _____

Cardholder Billing Address: _____

_____

Cardholder Phone #: _____

Cardholder E-mail address for E-mail verification of Receipt: _____

Credit Card Number: [redacted]

Shadowed for Cardholder Security

Expiration Date: _____

IVC: _____

Amount to be Charged: _____

***Receipt Information***

☐ 100% Tax Deductible Gift Fund # _____ Fund Name _____

☐ 100% NonGift Revenue Fund # _____ Fund Name _____

☐ Partial Tax Deductible Gift* Fund # _____ Fund Name _____

Gift Total _____ Nongift Total _____

****This type of Gift requires prior written approval from the WVU Foundation Gift Processing Department. Please refer to the Special Event Checklist and Calculation Sheet for further information and/or instruction.***

***This information was received from which of the following:***

☐ Telephone Date Received: _____ Received By: _____

☐ US Mail Date Received: _____ Received By: _____

**ATTACH ORIGINAL CORRESPONDENCE**

☐ E-mail Date Received: _____ Received By: _____

**ATTACH A COPY OF THE E-MAIL**

☐ Internet Date Received: _____ Received By: _____

**ATTACH A COPY OF WEBSITE FORM**

***THIS FORM MUST BE ATTACHED TO A FOUNDATION DEPOSIT MEMORANDUM***

**West Virginia University Foundation, Inc.**
One Waterfront Place - 7th Floor - PO Box 1650 - Morgantown, WV 26507
(304)284-4000

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