



CREDIT/DEBIT CARD DONATION FORM

Credit/Debit Card Type (Circle One): **VISA** **MasterCard** **American Express** **Discover**

Account Number: _____ - _____ - _____ - _____

Expiration Date: _____ CSC# (back of card): _____

Name as it appears on card: _____

Charge Amount: \$ _____

Name: _____ RE ID#: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (H) _____ (B) _____ (C) _____

Email: _____

MUSC Foundation Fund: _____

Purpose: _____

In Memory of: _____

In Honor of: _____

Acknowledgement is to be sent to:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Acknowledgee's relationship to the deceased/honoree: _____

The Medical University of South Carolina Foundation is a 501(c) (3) tax-exempt charitable organization. Your contribution is tax deductible to the fullest extent of the law.

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