# WSU FOUNDATION
# CREDIT CARD DATA INPUT FORM

YOUR NAME & DEPT ____________________ DATE ____________________

| NAME ON CARD | CARD # | CSC # | EXP DATE (mm/yy) | AMOUNT | FUND # | STREET, CITY, STATE | ZIP CODE |
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| | | | **TOTAL** | $0 | | | |

For Foundation Personnel Only:
Entered by ________________________

Date _________________