WICHITA STATE UNIVERSITY
FOUNDATION

WSU FOUNDATION
CREDIT CARD FORM

YOUR NAME & DEPT _____ DATE _____

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

For Foundation Personnel Only:
Entered by _____

Date _____