

# BINGHAMTON UNIVERSITY

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## FOUNDATION

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### Accounting Services Credit Card Deposit Form

CONFIDENTIAL

Internal Use Only	
Fund	Account Code
<input type="text"/> <input type="text"/>	<input type="text"/> 4 <input type="text"/> 9 <input type="text"/> 0 <input type="text"/> 0
	Other Income

Date \_\_\_\_\_

Depositor \_\_\_\_\_

Department \_\_\_\_\_

#### Account Information

Number

Name \_\_\_\_\_

Deposit Amount \_\_\_\_\_ *(credit card only)*

Description/Purpose \_\_\_\_\_

*(if received by 3rd party*

*please include name)*

**Please Note** *All Donation Deposits should be sent to the Binghamton University Foundation Gift & Donor Records office*

#### Credit Card Information

Cardholder Name \_\_\_\_\_

Signature \_\_\_\_\_

*(If cardholder's signature is not available - Signature of person taking the information)*

Card Type (please check one):

Visa  
 American Express

MasterCard  
 Discover

Card Number:     /     /

3-Digit Security Code    *(from back of credit card)*

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

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