

CREDIT CARD INFORMATION

Name on Card _____

Credit Care Type: ___ MasterCard ___ VISA ___ DISCOVER
(please check one)

Card Number _____ Expiration Date _____
MM/YY

Security Code (3 or 4 digits on back of credit card – required) _____

I hereby authorize DWK Memorial School Foundation to charge \$ _____ to the credit card listed.

SIGNATURE _____

*Michigan Residents may claim a 50% credit on your Michigan tax return for gifts to Kendall, to a maximum of \$200 for individuals and \$400 for couples. Gifts given to the DWK Memorial School Foundation also may be tax deductible on your Federal return. Please consult your tax advisor for specifics