



Credit Card / EFT Draft Processing Form

Name of Payor: _____

Address of Payor: _____

Phone Number _____

Email Address _____

If paying by Credit Card:

Card Type: Visa ___ Mastercard ___ Discover ___ American Express ___

Card Number: _____

Expiration Date: _____ CVS Code _____

Location Supporting: **Men's Center** ___ **Home of Home** ___

Transaction Amount: \$_____ Monthly ___ One-Time ___

Payment Purpose: Contribution ___ Sponsorship ___

Tuition ___ Scholarship ___

Induction ___ Student Support ___

Purchase ___ Other ___

Signature: _____

Date: _____

Submit Form to:

Delmarva Teen Challenge
Attention: Director of Administration
PO Box 1271 Seaford, DE 19973
Phone: 302-629-2559