**Virginia Department of Social Services (VDSS)**

**Neighborhood Assistance Program (NAP)**

**Credit Card Authorization Form**

 As the Individual card holder, I hereby authorize this card to be used for a donation to a NAP organization for which I may be eligible for a tax credit.

 As the company representative, I hereby authorize this card to be used for a donation to a NAP organization

 for which my company may be eligible for a tax credit.

 **Credit Card Information:**

|  |  |
| --- | --- |
| Name of business, if applicable: |  |
| Name as it appears on the Card:(also include name of representative if business):  |  |
| Type of Card:  |  VISA  MASTERCARD  DISCOVER  AMERICAN EXPRESS |
| Credit Card Number: (\*last 4 digits)  |  |
| Amount of Donation: (after any fees paid by donor): |  |
| Address: Street City, State, Zip |  |
| Telephone Number: |  |
| Name of NAP Organization: |  |

**I hereby authorize this card to be used for a donation made to the above NAP organization:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Cardholder or Company Representative: Date:

**NAP organization: Please submit this form along with the credit card charge receipt certifying the donation was charged to the donor’s credit card account.**

Revised 4/17