Orange County Office on Youth
Michael's Gift

I would like to make a tax deductible donation in the amount of $_____ to the Michael's Gift Fund. I understand my donation will help children reach their full potential through enriching activities.

DONOR NAME AND ADDRESS:
(To be used to send receipt of donation)

Name _____ Date _____

Mailing Address _____
P.O. Box # / Street City Zip

CREDIT CARD PAYMENT FORM

Name of Cardholder _____ Phone # _____

_____ Expiration Date __ __ / __ __
Credit card Number M M Y Y

My signature authorizes Orange County to charge $_____ to the above account.

Signature of Cardholder _____

Visa Mailing Address _____ Zip Code _____

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Office Use Only:

Payment received by _____ Date _____

Payment processed by _____ Date _____

Authorization Code _____