



VINCENT W. COLONNO  
CHIEF EXECUTIVE OFFICER

LYNN GLUECKERT  
EXECUTIVE DIRECTOR

**CREDIT CARD PROCESSING REQUEST**

Agency **Catholic Charities of Delaware, Otsego, and Schoharie Counties**

Your NAME  
(as it appears on the card) \_\_\_\_\_

STREET 1 \_\_\_\_\_

STREET 2 \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

SECURITY CODE (3-DIGIT ON BACK) \_\_\_\_\_

AUTHORIZED AMOUNT \_\_\_\_\_

PURPOSE \_\_\_\_\_

SIGNATURE OF CARDHOLDER \_\_\_\_\_

Please send completed form to:

Catholic Charities of Delaware, Otsego, and Schoharie Counties  
176 Main Street  
Oneonta, NY 13820