



“Making Magic Mile by Mile” Credit Card Donation Form

Runner’s Name _____ Date _____

Amount of the Donation: \$ _____

Visa/Mastercard/Discover/American Express: _____ - _____ - _____ - _____ Exp. Date: ____/____
(Circle one)

Name as it appears on the credit card: _____ Phone # (____) _____

Signature: _____

Billing Address: _____ City: _____ State: ____ Zip: _____
.....



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Please feel free to make copies of this form.