



Kids' Chance of South Carolina

Educating Children of South Carolina's Injured Workers

“ALAN COCHRAN MEMORIAL SCHOLARSHIP”

(Please Print)

Today's date:		
DONOR INFORMATION		
First Name:	Last Name:	
Company Name:		
Street address:		
City:	State:	ZIP Code:
Email Address:	Phone Number:	Cell Phone Number:
I would like to donate the following amount (Please Check One)		
<input type="checkbox"/> \$1000	<input type="checkbox"/> \$100	
<input type="checkbox"/> \$500	<input type="checkbox"/> other	
<input type="checkbox"/> \$250		
Make check payable to: Kids Chance of South Carolina, PO Box 2957, Georgetown, SC 29442-2957		





One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Kids' Chance of South Carolina, Inc. to make a one-time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize Kids' Chance of South Carolina, Inc. to charge my _____ (full name) credit card account indicated below for _____ (amount) on or after _____ (date).

ALAN COCHRAN MEMORIAL SCHOLARSHIP

Billing Address _____ Phone# _____
City, State, Zip _____ Email _____

Account Type: Visa MasterCard Discover AMEX
Cardholder Name _____
Account Number _____
Expiration Date _____
CVV2 (3 digit number on back of Visa/MC) _____

*****A 3.6% processing fee will be added to all credit card payments.**

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.