



Alumni – Foundation Event Center  
200 North Benbow Road  
Greensboro, NC 27411  
Phone (336) 433-5566  
Fax (336) 332-2376

**N C A&T UNIVERSITY FOUNDATION, INC.  
CREDIT AUTHORIZATION**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ PHONE (WORK) \_\_\_\_\_

FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

ALUMNUS \_\_\_\_\_ ALUMNA \_\_\_\_\_ IF SO, YEAR OF  
GRADUATION \_\_\_\_\_

**CREDIT CARD AND NUMBER:**

VISA \_\_\_\_\_

MASTERCARD \_\_\_\_\_

DISCOVER \_\_\_\_\_

AMERICAN EXPRESS \_\_\_\_\_

DINERS CLUB \_\_\_\_\_

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

INVOICE NUMBER \_\_\_\_\_ APPROVAL CODE \_\_\_\_\_

SCHOOL \_\_\_\_\_ COLLEGE \_\_\_\_\_ DIVISION \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ OTHER \_\_\_\_\_

PURPOSE ORDER NUMBER \_\_\_\_\_ A/C # \_\_\_\_\_

\_\_\_\_\_ A/C # \_\_\_\_\_

\_\_\_\_\_ A/C # \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**NAME OF PERSON PROCESSING CREDIT CARD TRANSACTION** \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

RECEIPT NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE SUBMIT ORIGINAL DOCUMENTS TO N C A&T UNIVERSITY FOUNDATION, INC.**