

HEAD OF THE LAKES UNITED WAY
CREDIT CARD FORM

424 W. Superior Street, Suite 402 | Duluth, MN 55802
Duluth: 218-726-4770 | Superior: 715-394-2733 | www.hlunitedway.org



STEP 1 DONOR INFORMATION:

CONFIDENTIAL

Name on Credit Card: _____ Organization: _____
Credit Card Billing Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Phone: _____

STEP 2 GEOGRAPHIC AREA: Ashland-Bayfield Cty Greater Duluth North Shore (Lake & Cook Ctys) Superior-Douglas Cty

STEP 3 CREDIT CARD INFORMATION: Visa Mastercard American Express Discover

Credit Card Number: _____ Expiration: _____
Security Code: _____ Amount: \$ _____ Reason for Transaction: _____
Comments: _____

STEP 4 **X** Required Signature _____ Date: _____

OFFICE USE ONLY Date Received: _____ Form Completed By: _____
Date Processed: _____ CC Charge Processed By: _____

PRINTED IN-HOUSE

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