



Credit Card / EFT Draft Processing Form

Name of Payor: _____

Address of Payor: _____

Phone Number _____

If paying by Credit Card:

Card Type: Visa ____ Mastercard ____

Card Number: _____

Expiration Date: _____ CVS Code _____

If paying by Electronic Bank Draft:

Bank Account #: _____

Routing #: _____

(Note! Please attach a copy of voided check.)

Location Supporting: **Men's Center** ____ **Home of Home** ____

Transaction Amount: \$_____ Monthly ____ One-Time ____

Payment Purpose: Contribution ____ Sponsorship ____

Tuition ____ Scholarship ____

Induction ____ Student Support ____

Purchase ____ Other ____

Signature: _____

Date: _____

Submit Form to: **Delmarva Teen Challenge**
Attention: Director of Administration
PO Box 1271 Seaford, DE 19973