



Portland Schools Foundation

Credit Card Submission Form (One-Time and Monthly)

Donor Name (on credit card): _____

Address: _____ Zip Code: _____

Daytime Phone: _____ E-mail: _____

Please designate to:

Portland Schools Foundation \$ _____

School _____ \$ _____
specify

Other _____ \$ _____
specify

TOTAL \$ _____

Choose One: Monthly One-Time

If Monthly: Start Month/Year: _____

End Month/Year (if any): _____

Monthly credit cards are run between the 20th and 28th of each month.

Credit Card Number: _____ Expiration Date: _____

Card Type: _____

Card Holder Signature: _____ Date: _____

Please mail to: **Portland Schools Foundation**
905 NW 12th Avenue
Portland, OR 97209