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CREDIT CARD AGREEMENT

In support of the **Hispanic Education Endowment Fund**: (1) General Scholarship Fund or (2) the _____ Sub Fund. Identify one.

REQUIRED (OCCF only accepts Visa and MasterCard)

VISA or MasterCard (Circle one)

Account Number: _____

Expiration Date: _____

Name on Card: _____

Is this a company credit card?

YES or NO Company Name: _____

I have authorized a one-time debit in the amount of _____

I have read and understand the above statements. I agree to all the terms and conditions of this agreement.

FAX directly to the Orange County Community Foundation at 949.553.4211

Signature of Cardholder _____

Name _____

Address _____

City _____

State _____

Zip Code _____

Telephone: _____

FAX: _____

Email Address: _____