

CARDHOLDER INFORMATION

Name: _____

Billing Street Address: _____

Street Address (cont.): _____

City: _____ State: _____ Postal Code: _____

Country: _____ Email _____

Address: _____

Direct Telephone: (_____) _____ - _____

GIFT INFORMATION

Fund Name or Gift Purpose: SLOW HILLS

I authorize a one-time charge as pre-authorization against my credit card for the follow amount
euro _____,00

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa

Number: _____

Expiration Month: _____ Expiration Year: _____

Cardholder Signature X _____ Date ____/____/____

Security Code: _____