Virginia Department of Social Services (VDSS)
Neighborhood Assistance Program (NAP)

Credit Card Authorization Form

☐ As the Individual card holder, I hereby authorize this card to be used for a donation to a NAP organization for which I may be eligible for a tax credit.

☐ As the company representative, I hereby authorize this card to be used for a donation to a NAP organization for which my company may be eligible for a tax credit.

Credit Card Information:

Name of business, if applicable:	
Name as it appears on the Card: (also include name of representative if business):	
Type of Card:	☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS
Credit Card Number: (*last 4 digits)	
Amount of Donation: (after any fees paid by donor):	
Address: Street City, State, Zip	
Telephone Number:	
Name of NAP Organization:	

I hereby authorize this card to be used for a donation made to the above NAP organization:

Signature of Cardholder or Company Representative: Date:

NAP organization: Please submit this form along with the credit card charge receipt certifying the donation was charged to the donor's credit card account.