DONATION TO GENDER ODYSSEY

(A Project of Gay City Health Project)

Credit Card Authorization

Visa and MasterCard only
Please Print Legibly

Cardholder Information

Card Type (circle) ☐ Visa ☐ MasterCard

Credit Card # _____ Expiration date _____ / _____

Name on card _____

Billing Address _____

City _____ State _____ Zip _____

Country _____ Phone _____

Email _____

I authorize Gender Odyssey to charge my credit card for the amount of $_____ U.S.

I understand that this tax-deductible donation goes directly to supporting Gender Odyssey.

Signature of Card Holder _____ Date _____

Printed Name of Card Holder _____

I would like my donation to be acknowledged under the name _____

Thank you for your support!

Gay City Health Project, the fiscal sponsor of Gender Odyssey, is a 501(c)(3)non-profit organization. Your gift is tax deductible to the full extent allowed by law. We will send a receipt to the email address given above, for your tax records.

Mail your donation to: Gender Odyssey Project of Gay City
1122 E Pike St. #796
Seattle, Washington 98122

For office use only:

Date received	Process date
To GC	Receipt sent date