



**LANCASTER CITY  
ALLIANCE**

Strong Community. Strong Economy. Vibrant City.

**Credit Card Contribution Form**

This form authorizes Lancaster City Alliance (LCA) to process an amount specified by you from your credit card on a one time basis.

Return form via mail at the address below. If you have any questions, please call 717-394-0783.

Lancaster City Alliance  
354 N. Prince Street, Suite 110  
Lancaster, PA 17603

**Gift Amount**

- \$25
- \$50
- \$75
- 100
- 200
- Other \_\_\_\_\_

I'd like to make this donation:

On behalf of \_\_\_\_\_

In memory of \_\_\_\_\_

**Your Information**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip

(    )

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Payment Information**

Credit Card Type:    Visa                    Mastercard                    American Express                    **(Circle One)**

Credit Card Number: \_\_\_\_\_ CVV Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ (mm/yy)