



international documentary association

## Sponsored Project Credit Card Donation

Starred items are required. Forms with missing information will be returned. Please print information clearly in or next to the field provided)

### Payment/Authorization Information

Accepted Payment Method American Express, Discover, MasterCard, Visa

Card Number \_\_\_\_\_  
\* (enter number without spaces)

Expiration Date \_\_\_\_\_  
\* (MMYY)

Amount \_\_\_\_\_  
\* (i.e., \$10.00)

### Order Information

Donor Name \_\_\_\_\_ \*

Donation in behalf of the project titled: \_\_\_\_\_ \*

### Customer Billing Information - \* Required

First Name \_\_\_\_\_ \*

Last Name \_\_\_\_\_ \*

Address \_\_\_\_\_ \*

City \_\_\_\_\_ \*

State/Province \_\_\_\_\_ \*

Zip Code \_\_\_\_\_ \*

Country \_\_\_\_\_ \*

Phone \_\_\_\_\_ \*

Email \_\_\_\_\_ \*

**Cardholder agreement:** I agree to have my credit card charged by the International Documentary Association (IDA) in the above amount. This charge is a donation in support of (film name) \_\_\_\_\_ which is a fiscally sponsored of IDA and does not constitute a purchase of any kind. *I have received no goods or services in exchange for this tax deductible donation.*

Card Holder Signature \_\_\_\_\_

Please print and sign this form and return by *fax, mail or email (with the subject heading "credit card donation form")* to: IDA, c/o Fiscal Sponsorship Department, 3470 Wilshire Blvd. Suite 980, Los Angeles, CA 90010

Email: [sponsorship@documentary.org](mailto:sponsorship@documentary.org)

fax: 213.232.1669

phone: 213-232.1669

Please contact Amy Halpin or Lisa Hasko at the above email or phone number with any questions. For more information about IDA or our fiscal sponsorship program, visit us online at [www.documentary.org](http://www.documentary.org)