

**THE UNIVERSITY OF ARIZONA**  
**FOUNDATION**

“Swede” Johnson Bldg., Financial Services Dept.,  
 1111 N. Cherry Ave., Room 403, P.O. Box 210109  
 Tucson, Arizona 85721

**Log of Credit Cards Received**

**Contact Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **aaaaaaaaaaaaVglephone No.:** \_\_\_\_\_

**Non-Gift Deposit Transmittal No.:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Project No.:** \_\_\_\_\_

Payer		Credit Card No.	Exp. Date	Amount	Credit Card Billing Address				
1					Add 1:				
					Add 2:	City:	St:	Zip:	
2					Add 1:				
					Add 2:	City:	St:	Zip:	
3					Add 1:				
					Add 2:	City:	St:	Zip:	
4					Add 1:				
					Add 2:	City:	St:	Zip:	
5					Add 1:				
					Add 2:	City:	St:	Zip:	
6					Add 1:				
					Add 2:	City:	St:	Zip:	
7					Add 1:				
					Add 2:	City:	St:	Zip:	
8					Add 1:				
					Add 2:	City:	St:	Zip:	
9					Add 1:				
					Add 2:	City:	St:	Zip:	
10					Add 1:				
					Add 2:	City:	St:	Zip:	
			<b>TOTAL</b>						