



## MATT RUNCI DONATION

PLEASE COMPLETE AND SIGN FORM AND RETURN VIA FAX

### Payment Information:

Pay by:  Visa  MasterCard  Discover  Amex  Other (specify)



Card number: \_\_\_\_\_

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

### Billing Information:

Fist Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

AMOUNT TO BE CHARGED: \_\_\_\_\_

By signing here, the Cardholder authorizes the **Diamond Development Initiative International (DDII)** to charge his/her credit card for the amount specified above.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The form can be faxed to DDI at 1-613-565-0815  
Or scanned and sent to [donations@ddiglobal.org](mailto:donations@ddiglobal.org)