




Your payment was approved.

 [Please print this page for your records.](#)

Transaction Date	07/23/2020
Transaction Amount	\$600.00
Card Holder Name	Thomas Pierce
Card Type	
Card Account Number	██████████
Expiration Date	██████
Address	343 Atlas Ave SE
City	Grand Rapids
State/Province	MI
Zip/Postal Code	49506
Email	thomas.pierce@grpride.org
Authorization Code	██████
Order Number	5803
Customer Number	6336

Process completed; please close browser.

If you selected the Recurring Monthly Pledge option, the account information provided above will be stored securely via SafeSave™ for automatic processing of your future payments each month. Simply notify us at any time if you wish to discontinue your pledge.

Terms/Conditions

By clicking the "Process Donation" button you authorize us to charge the account above for the amount specified in the Transaction Amount field.

Privacy Policy

We keep your personal information private and secure. When you make a payment through our site, you provide your name, contact information, payment information, and https://interland3.donorperfect.net/weblink/FormSingleNM.aspx?formId=14&id=1&name=ruthcci&initStepThree=True&home_phone=6164583511&PaymentType=... 1/2