



**CREDIT CARD AUTHORIZATION FORM**

**Instructions:**

- 1) Fill in all blank areas. If faxing the form, cardholder must provide signature for charges to be paid with this card.
- 2) Provide an e-mail address where we can send you a receipt (if requested) and contact you for verification purposes.
- 3) Please e-mail the form (as an attachment) to [strumbo@osgoodcenter.org](mailto:strumbo@osgoodcenter.org) or fax to: 202-331-3759

Name as it appears on credit card:	
Billing Address (with zip code)	
E-mail Address	
Credit Card Type (Visa, MasterCard, American Express)	
Credit Card Number	
Three Digit Security Code on back of the card ( for American Express - 4 digits on the front of the card)	
Expiration Date	

**I, the undersigned, hereby authorize the Osgood Center to charge the credit card above for the charges listed below. I understand that the charge will appear on my credit card as from the Osgood Center in Washington, DC.**

**Amount to Charge: \$ \_\_\_\_\_ Authorized Signature \_\_\_\_\_**

**I would like a copy of my receipt e-mailed to me.    \_\_\_ YES        \_\_\_ NO**

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For Office Use Only

Program \_\_\_\_\_ Type of Payment \_\_\_\_\_