



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 xuanzhu@osgoodcenter.org or fax to: 202-331-3759

Name as it appears on credit card:	
Billing Address (with zip code)	
E-mail Address	Please sign the card if faxing it to us, otherwise type your full name.
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

For Office Use Only

Program _____ Type of Payment _____