



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 gmanukyan@osgoodcenter.org or fax to: 202-663-5656

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 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 _____