

HSA-UWC District One
1610 Columbia Rd. NW
Washington, DC 20009

CREDIT CARD AUTHORIZATION FORM

I, _____ hereby authorize HSA-UWC to charge to the indicated
(Your Name Here) credit card for donation purposes.

Purpose of Donation: _____

Card Type: Visa_ _ MasterCard_ _

Card Number:_____

Expiration Date of Card: _____

Billing Address (Street): _____

City: _____ State:_____ Zip:_____

Phone Number:_____

Amount Authorized:_____ Which should include a 3% bank processing
fee if donation is for a specific amount.

I, the undersigned, am the authorized cardholder for the credit card indicated above, and my
signature below authorizes the charges to be billed to my credit card for the current billing cycle.

Signature or ESign

Date

Please Return By
Mail to: HSA-UWC 1610 Columbia Rd. NW Washington, DC 20009
Fax (202) 462-0049 Or email to wdc@unification.org

Please retain a copy for your records.

ccform123