

Donation

Original Divine Principle Workshop
Las Vegas, NV – Feb 4-8, 2010

CREDIT CARD AUTHORIZATION FOR DONATION HSA-UWC (FFWPU)

Please fill out, sign and send to Headquarters
Fax: 214-905-9240 – email: district9ffwp@gmail.com
No Later Than 6:00 PM EDT, Mon Feb 1st, 2010

Name: _____ Date: _____
(Write as it appears on your credit card)

Address: _____

City: _____ State: _____ Zip: _____

Credit Card: VISA - MasterCard - Discover - AMEX

Please Charge My Card: \$721.00

Card Number: _____

Expiration Date: _____

Signature: _____

Telephone No: _____

Memo: _____

Paying For: _____

If you are paying for someone else, please write the person's name here