

# Payment Form for Blessing

## Blessing Donation Fee for First Generation Members

### Credit Card Authorization to HSA-UWC

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(As it appears on the credit card.)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Circle one: VISA Mastercard AMEX Discover Amount Authorized: \$ \_\_\_\_\_

Payment for Candidate: \_\_\_\_\_  
(Be very clear who you are paying for. Names can be confusing.)

Credit Card No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature of Card holder: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Other Forms of Payment

Also accepted are (1) personal checks, (2) money orders, and (3) cash.  
NOTE: Make payable to "HSA-UWC".

### Where to Send Payment

Fax or email this credit card authorization to the HSA Headquarters:

Fax Number: 1-202-299-9496 Email to: Sheila Song <blssing@familyfed.org>

Or Mail payment to: Ms. Sheila Song  
c/o FFWPU Headquarters  
3224 16th Street NW  
Washington, DC 20010

Where to send receipt: \_\_\_ Mail to above address \_\_\_ Fax to: \_\_\_\_\_

**RECEIPT:** Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
(Authorized Signature)

Payment Type: \_\_\_ Credit Card \_\_\_ Check \_\_\_ Money Order \_\_\_ Other: \_\_\_\_\_

Purpose of Payment: Blessing Fee for First Generation

Payment for (Name of Candidate): \_\_\_\_\_