



Philadelphia Women's Center
777 Appletree Street
Philadelphia, PA 19106

CREDIT CARD AUTHORIZATION FORM

I, _____ give _____ permission to use
my _____ Credit/Debit Card.
(Visa, MasterCard, or Discover)

The card # is _____ and the expiration date is _____,

The CCV (3 or 4 digit # on back of card) is _____ and my zip code is _____ .

The amount allowed to be charged on this card is \$_____ or up to
\$_____

The telephone # where I can be reached is _____

Printed Name _____ Date _____

Signed Name _____

*Please attach a legible copy of the front and back of your credit card and State issued ID and or Passport