CHERRY HILL WOMEN'S CENTER, INC

502 Kings Highway North ◆ Cherry Hill NJ 08034
(856) 667-5910 ◆ (800) 877-6331
Fax: (856) 667-8304

Fax the following information:

1) Front of Driver's License or other Valid State/Federal Issued ID
2) Front AND back of credit card
3) A note stating the following:

Date _____

I, _____, authorize _____ to use my credit card that ends in the four numbers, ___ ___ ___ ___, I understand and agree that my card will be charged by Cherry Hill Women's Center/Mid-NJ Gyn Group up to the amount of _____ for services rendered.

Signed,

_____

Printed Name:

_____

- The Drivers License (or other Valid Picture ID) must have the EXACT SAME NAME that is on the credit card.
- Signature on credit card must match the signature on the ID.
- All cards and ID's must be received in legible format and able to be clearly read.

Fax to: Cherry Hill Women's Center at 856-667-8304