

## Woodhull Institute Charge Authorization

### **For Retreat Payments:**

Please charge my (Circle One)            MasterCard            Visa

Account number: \_\_\_\_\_

Expiration: \_\_\_\_\_

Amount: \_\_\_\_\_

Retreat Date: \_\_\_\_\_

Name as it appears on the credit card: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_

### **For Donations:**

Please charge my (Circle One)            MasterCard            Visa

Account number: \_\_\_\_\_

Expiration: \_\_\_\_\_

Amount: \_\_\_\_\_

Retreat Date: \_\_\_\_\_

Name as it appears on the credit card: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_

**Please apply my donation to the following fund:**

Library \_\_\_\_\_ Scholarship \_\_\_\_\_ Educational Series \_\_\_\_\_

Program and Operations \_\_\_\_\_ Capital Campaign \_\_\_\_\_

Endowment \_\_\_\_\_

**My donation is being made (please indicate below):**

In Honor of \_\_\_\_\_

In Memory of \_\_\_\_\_

Neither \_\_\_\_\_

**I would like an additional acknowledgement of this donation to be sent to the following:**

Name: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_

**Woodhull Institute is a 501 (c) (3) Corporation. All donations are tax deductible as allowed under the Internal Revenue Code**

**Please mail to:**

**Woodhull Institute  
770 Broadway, 2<sup>nd</sup> Floor  
New York, NY 10003**

**You may also fax this form to: 646-495-6059**