

**Woodhull Institute for Ethical Leadership
Charge Authorization Form**

32 Broadway, 1801
New York, NY 10004
646-435-0837
www.wooddhull.org

For Retreat Payments:

Name as it appears on the credit card: _____

Billing Address: _____

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Please charge my: MasterCard Visa (Circle One) Amount: _____

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For Donations:

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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 _____

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

Name: _____

Address: _____

City _____ **State** ____ **Zip Code** ____

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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 for Ethical Leadership
32 Broadway, 1801
New York, NY 10004
You may also fax this form to: 646-290-5709**