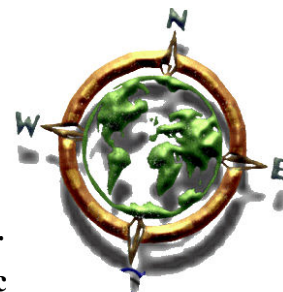


Credit Card Authorization Form



Please complete this form and return it to us by fax, email or regular mail. Please include clear, legible photocopy of the volunteer's driver's license. Please include a copy of the cardholder's driver's license.

Fax to: 215-887-0915

E-mail to: volunteers@abroaderview.org

Mail to: A Broader View Volunteers. 1001 Dell Lane. Wyncote, PA 19095

Name of volunteer participant (if other than cardholder):

Your name as it appears on your credit card:

Card Number _____ Exp Date _____

Security (CID) Number _____
(*Visa, Master Card # is 3-digit on back of card*)

Billing address for this card

I authorize A Broader View Volunteers Corp. to charge my/our credit card for (circle one):

Deposit Final Payment **Authorized Amount:** _____

Program Location: _____

Dates of Travel: _____

****Please note that we will charge your credit card for the amount indicated above on the day we receive this authorization form.****

I understand that my deposit is non-refundable.

Signature: _____ Date: _____

Phone: _____

Abroaderview.org – 1001 Dell Lane, Wyncote, PA 19095, USA

Tel: 1-215-780-1845 – 1-866-423-3258 (Toll free) – Fax: 215-887-0915

volunteers@abroaderview.org – www.abroaderview.org