

# WESTERVILLE SUNRISE ROTARY FOUNDATION

## CREDIT CARD AUTHORIZATION FORM

Remit to: Larry Jenkins, Treasurer  
Fax Number: 614-568-7105  
Email: [ljenkins@hrserve.net](mailto:ljenkins@hrserve.net)  
Mailing Address: P.O Box 1200, Westerville, Ohio 43086-1200

Name on Credit Card \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

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

Name on invoice if  
different from above \_\_\_\_\_

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WE ACCEPT MASTERCARD, VISA and DISCOVER

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Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Card CVN \_\_\_\_\_

Purpose of Payment (i.e. Event/Project Name) \_\_\_\_\_

Amount to be processed on your Credit Card \$ \_\_\_\_\_

Would you like a receipt? YES / NO

Authorized Signature \_\_\_\_\_  
(Please print name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

- Check Box if you would like your Credit card number and information will be kept on file to use in the future. You will need to authorize the Foundation Treasurer to use the information on file prior to each future use.