

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

Business Office:  
1551 Kellum Place, Mineola NY 11501  
646-435-0837  
www.wooddhull.org

**For Retreat Payments:**

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

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

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

Country \_\_\_\_\_

Account number: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_

Please charge my: MasterCard Visa (Circle One) Amount: \_\_\_\_\_

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

**For Donations:**

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

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

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

Country \_\_\_\_\_

Account number: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_

Please charge my: MasterCard Visa (Circle One) Amount: \_\_\_\_\_

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** \_\_\_\_\_

**Country** \_\_\_\_\_

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

**Please mail to our business office:  
Woodhull Institute for Ethical Leadership  
1551 Kellum Place, Mineola NY 11501  
646-435-0837  
www.wooddhull.org  
You may also fax this form to: 646-290-5709**