

**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**