

Attn: Sherly Postnikov

HIAS Location Service
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New York, New York 10016
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**Welcome the stranger.
Protect the refugee.**

CREDIT CARD AUTHORIZATION

I authorize the representatives of HIAS to charge a **one-time payment**
on my credit card in the amount of \$

Written Dollar Amount:

Credit Card Information: (MasterCard/Visa Only)

Credit card Number:

Expiration Date:

Cardholder Name:

Cardholder Address:

Issuer (Bank):

Cardholder's Day Time Phone#:

Cardholder's Signature required

Date