

MD Anderson Services Corporation

Charge Card Authorization

Benefitting The MD Anderson Caring Fund

I _____ authorize Treasury Services to charge my

AMERICAN EXPRESS / DISCOVER / VISA / MASTER CARD

in the amount of \$ _____ for the purpose of making a charitable donation to the MD Anderson Caring Fund.

Signature: _____ Date: _____

Name of Card holder: _____

Card #: _____ Exp. Date: _____

Security Code: _____ Phone #: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Employee ID (if applicable): _____

Per phone request: YES NO Date: _____

Request received from: _____

Return Receipt: No Yes Fax or E-mail: _____

Received in Treasury Services

By: _____

Please fax to Treasury Services at 713-745-4436