

The Sharon Osbourne Colon Cancer Program

Credit Card Authorization Form

- Please fill out this form completely and return it via e-mail to: Carrie.Battocchio@cshs.org or you may return it via fax to: (310) 423-0100.

Attention: Carrie Battocchio
Cedars-Sinai Medical Center
Community Relations Department

The following states that _____ (name as it appears on credit card) authorizes Cedars-Sinai Medical Center Community Relations Department to immediately charge the following credit card for the total amount of \$ _____. In acknowledgement of all charitable gifts over \$250.00, you will receive a **signed certificate by Sharon Osbourne**. Please complete the information below to process.

Type of Credit Card: _____

Credit Card Number: _____

Expiration Date: _____

Name of Cardholder: _____

Signature of Cardholder: _____

Cardholder's Phone #: _____

Billing Address: _____

Today's Date: _____

Proceeds from your donation benefit the Sharon Osbourne Colon Cancer Program at the Samuel Oschin Comprehensive Cancer Institute at Cedars-Sinai Medical Center. Tax ID #951644600N.



CEDARS-SINAI MEDICAL CENTER.
Sharon Osbourne Colon Cancer Program at the
Samuel Oschin Comprehensive Cancer Institute