



86-660 Lualualei Homestead Rd., Waianae HI 96792 p: +1 203 498-2822 f: +1 203 503-0146

**One time Donation Authorization Form**

Sign and complete this form to authorize Cubanako Foundation to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

**Please complete the information below:**

I \_\_\_\_\_ authorize Cubanako Foundation to charge my credit card  
(full name)

account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_.

Billing Address \_\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type: Visa      MasterCard
Cardholder Name _____
Account Number _____
Expiration Date _____
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Contributions are tax-deductible to the full extent of the law. Cubanako Foundation, Tax ID# 72-1608623 is a registered non profit 501(c) 3 corporation. 86-660 Lualualei Homestead Rd., Waianae HI 96792