



# **PARTNERSHIP FOR PUBLIC SERVICE CREDIT CARD AUTHORIZATION FORM**

All information will remain confidential.

Please complete this authorization and return to:

**Joeleen Mamaradlo**  
Staff Accountant  
Partnership for Public Service

1100 New York Avenue NW  
Suite 200 East  
Washington DC 20005  
Direct Dial (202) 292-1023  
Fax (866) 306-8559

**Cardholder Name** \_\_\_\_\_

**Billing Address** \_\_\_\_\_  
\_\_\_\_\_

**Credit Card Type**  Visa  MasterCard  Discover  American Express

**Credit Card Number** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_

**CCV** \_\_\_\_\_

Amount to charge: \$11,400 (USD)

RE: Excellence in Government Fellows Program Fall 2017

I authorize Partnership for Public Service to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

CARDHOLDER

**Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_