Planned Parenthood
Care. No matter what.
Planned Parenthood League of Massachusetts

CREDIT CARD AUTHORIZATION LETTER

_____
(Date)

I, _____ give permission for _____
(Cardholder's Name) (Patient's Name)

to use my _____ on _____ at Planned Parenthood League
(Credit Card Type) (Date of Service)

of Massachusetts in the amount up to _____.
(Payment Amount)

_____ is a number you can reach me at to confirm that I have given
(Telephone Number)

permission to use my credit card for the amount specified.

_____
Print name as it appears on credit card

_____
Signature as it appears on credit card

_____
Credit card number

_____ _____ _____
Billing Zip Code *Expiration Date* *CVV Code*