

UNIVERSITY OF PUERTO RICO
Vicepresidencia de Filantropía
1187 Calle Flamboyán, Jardín Botánico Sur
San Juan, P.R. 00926-1117
Tel.: 787-250-0000 x 2020
Tax ID or EIN: 66-0433767



Credit Card Billing Authorization Form

Please fill out this form either by typing in or printing clearly, and send it to margarita.mendez@upr.edu

GIVE: IMPACT THE UNIVERSITY OF PUERTO RICO

FOR INTERNAL USE ONLY: Please deposit the amount indicated in this form into UPR Capital Campaign account: **10270.688.000.4384.000.109710830000.00**

Payment Information:

Participant's Complete Name

Cardholder's Complete Name, if different from participant (as it appears in the credit card)

Form of Payment (mark only one)

Master Card 

Visa 

American Express 

Security code

Credit Card Billing Address:

Credit Card Number

Amount to be Charged

I hereby authorize the University of Puerto Rico, to charge my credit card for the amounts indicated in this form

Card's Expiration Date (month/year)

Cardholder's Signature

Date (month/day/year)

Cardholder's Email

Cardholder's Phone Number