

**USO of Northern Ohio  
20637 Emerald Parkway  
Cleveland, OH 44135**

Credit Card Donation/Payment

The USO of Northern Ohio appreciates your support. Please fill out the following information.

Amount: \_\_\_\_\_

Credit Card:           Mastercard \_\_\_\_\_           Visa \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Card Verification Number: \_\_\_\_\_ (3 digit number on back of card)

Expiration Date (Mo/Yr): \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_

I hereby authorize the USO of Northern Ohio to charge the above credit card for donation/payment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Phone: 216-265-3680

Fax: 216-265-3678

Web: [www.usocleveland.org](http://www.usocleveland.org)

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