

Credit Card Authorization Letter

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

_____ on _____ at Planned Parenthood League of Massachusetts in
(Credit Card Type) (Date)

the amount up to _____ is a number you can reach me at to
(Payment Amount) (Telephone Number)

confirm that I have given permission to use my credit card for the amount specified.

Credit card number

Billing Zip Code

Expiration Date

CVV Code

Print name as it appears on credit card

Signature as it appears on credit card

Date

Headquarters

Greater Boston Health Center

1055 Commonwealth Avenue
Boston, MA 02215

Fitchburg Health Center

391 Main Street
Fitchburg, MA 01420

Marlborough Health Center

91 Main Street
Marlborough, MA 01752

Milford Health Center

208 Main Street
Milford, MA 01757

**Plan: A Planned Parenthood
Express Center**

Davis Square Plaza
260 Elm Street, Suite 109
Somerville, MA 02144

**Western Massachusetts
Health Center**

3550 Main Street, Suite 201
Springfield, MA 01107

**Central Massachusetts
Health Center**

470 Pleasant Street
Worcester, MA 01609