



To foster and promote the growth, progress and general welfare of the University of Guam

Credit Card Authorization and Consent Form

I, _____
hereby authorize the University of Guam Endowment Foundation to
charge my Credit card account as indicated below. This payment is for
_____.

Board of Directors

Chairman
Mr. Jesse A. Leon Guerrero

Vice Chairman
Governor Joseph F. Ada

Treasurer
Mr. George Chiu

Executive Secretary
Dr. Robert Underwood

Directors
Mr. David John
Mrs. Elaine Cruz Jones
Mr. John T. Calvo
Dr. Wilfred P. Leon Guerrero
Dr. Saied Sababakhsh
Mr. Francisco Taitano

Type of Card Visa MasterCard

Credit Card Number:

Expiration Date:

Name of Cardholder:

Credit Card Billing Address:

Endowment Staff

Janiece A. Sablan
Executive Director

Cheryl Eusebio
Administrative Officer

Jaran Aguon
Marketing Communications
Coordinator

Brianne Leon Guerrero
Accounting Assistant

Total Amount to be charged:

One time charge

Charge _____ (amount) on my credit card on the
_____ (specify date) of every month.

Start Date: _____ End Date: _____

Authorized Signature of Cardholder

Date

UOG Endowment Foundation
UOG Station
Mangilao, GU 96923

Tel +1 (671) 735-2955/6/7
Fax +1 (671) 734-2952

The UOG Endowment Foundation is a collaborative non-profit organization between community members and school administrators to improve the quality of higher education in Guam by encouraging private and public support for the University of Guam.