



Friendship Ambassadors Foundation

299 Greenwich Avenue, Greenwich, CT. 06830 • www.faf.org • friendlyam@faf.org • 1-203-542-0652; -0661 fax

A 5% service fee will apply to all payments made by credit card

Please check:

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Name (as it appears on the card)

Credit Card Number

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Please specify:

- I would like to pay the deposit amount of **\$200** per person
- I would like to pay 50% of the balance amount
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I authorize Friendship Ambassadors Foundation to charge \$_____ plus 5% credit card fee on my credit card.

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Name in Block Letters

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To FAF Fax #:

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