



Excellence in
Serving Special Needs

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CREDIT CARD APPROVAL
PLEASE PROVIDE ALL INFORMATION REQUESTED BELOW AND SIGN

NAME AS IT APPEARS ON CREDIT CARD: _____

CREDIT CARD STATEMENT BILLING ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ CHARGE AMOUNT: \$ _____

FOR: _____

TYPE OF CARD _____ VISA _____ MASTERCARD _____ AMERICAN EXPRESS

CARD #: _____ EXP. DATE: _____

SECURITY CODE _____

I AUTHORIZE AND APPROVE THE COMPANY LISTED BELOW TO PROCESS THE ABOVE
CHARGE TO MY CREDIT CARD

CARDHOLDER SIGNATURE: _____ DATE _____

OFFICE USE ONLY

76- Sunrise Community of Maryland, Inc.

77- Log Cabin Enterprises, Inc.

81- UCP Assoc. of Greater Hartford, Inc.

83- Tech of Collier County, Inc.

84- Sunrise Community of Polk County, Inc.

84- Sunrise Community of Central Florida

85- Sunrise Community Promotions, Inc.

86- Sunrise Community of SW Florida, Inc.

88- Resources for Independence of Virginia, Inc.

90- Sunrise Community of Tennessee, Inc.

91- UCP of Tallahassee, Inc.

92- UCP of Sarasota Manatee, Inc.

93- Resources of Independence

95- Sunrise Opportunities, Inc.

96- Sunrise Northeast, Inc.

97- Sunrise Community, Inc.

98- Regional Properties, Inc.

Credit to Cost center _____

Credit card payment contact:

Marguerite M. Gopie, Cash Management

Tel: 305-275-3365 or 305-273-3093

Fax: 305-275-3363. E-mail address: mgopie@sunrisegroup.org.