



# Musicians Health Fund

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E-mail: hbp@local802afm.org

## MASTERCARD/VISA PHONE PAYMENTS

DATE OF CHARGE \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME AS IT APPEARS ON CREDIT CARD \_\_\_\_\_  
PRINT

MASTERCARD / VISA ACCOUNT NUMBER \_\_\_\_\_

SECURITY CODE \_\_\_\_\_  
ON BACK OF CARD

EXPIRATION DATE ON CARD \_\_\_\_\_

LOCAL 802 MEMBERSHIP CARD # \_\_\_\_\_

TRANSACTION AMOUNT \_\_\_\_\_

DESCRIPTION OF CHARGE \_\_\_\_\_

SIGNATURE OF MEMBER/CARD HOLDER \_\_\_\_\_

\_\_\_\_\_  
NAME (PRINT)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
TELEPHONE

**The Fund will only accept credit cards in the policyholder's name.**  
**Incomplete forms will NOT be processed.**  
**Forms can be returned via the email/fax # listed above or USPS.**