



Credit Card Authorization Form

Please complete all fields.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize The Family Place to charge my credit card any remainder of my \$500 fundraising goal on June 30, 2019.

I understand that my information will be securely filed at The Family Place and will be shredded upon completion of my fundraising goal.

Signature

Date