

One Time Credit Card Payment Authorization Form

Please complete ALL information

Adult (13 yrs and up) Dinner Tickets \$15/ea. X _____ Tickets = \$ _____

Child (7 thru 12 yrs) Dinner Tickets \$5/ea. X _____ Tickets = \$ _____

Raffle Tickets \$100/ea. X _____ Tickets = \$ _____

TOTAL AUTHORIZED CHARGE = \$ _____

Card Type: Visa MasterCard American Express Discover

Exact Name on Card: _____

Card Number: _____ (15 for AMEX, otherwise 16)

Expiration Date: ____ / ____ / 20 ____

CVV2 Code _____ (3 digit number on back of Visa/MC, 4 digits on front of AMEX)

Card Billing Address: _____

City: _____ State: _____ Zip: _____

Phone No. _____ Email: _____

I authorize **The Exchange Club of Sugar Land** to make a one-time debit to my credit card, for the indicated amount.

Cardholders Name

Date

Exchange Club Member's Name _____

SPECIAL INSTRUCTIONS/COMMENTS: