



CREDIT CARD AUTHORIZATION FORM

Down Syndrome Association of Greater Cincinnati
4623 Wesley Avenue, Suite A
Cincinnati, OH 45212
PH: 513-761-5400
FX: 513-761-5401

Name: _____

Date: _____

I _____, hereby authorize the Down Syndrome Association of Greater Cincinnati to charge \$_____ to the credit card listed below. I am also the card member or an authorized agent to use the referenced credit card.

TYPE OF CARD: _____
NAME ON CREDIT CARD: _____
CREDIT CARD NUMBER: _____
EXPIRATION DATE: _____
CVV CODE: _____

CREDIT CARD STATEMENT MAILING ADDRESS:

Printed Name: _____ Signature: _____

Contact #: _____

Email Address: _____

TEAM NAME TO BE CREDITED: _____

TEAM CAPTAIN/ WALKER/ PARTICIPANT NAME: _____