

2024 CHARITY GOLF TOURNAMENT



CREDIT CARD AUTHORIZATION FORM

All credit card transactions will be billed an additional 3.5% processing fee

Name on Card: _____

Card No: _____

Exp. Date: _____ **CVV:** _____

Billing Address: _____

Amount: _____

Authorized Signature

By signing, you authorize the charge to the credit card above for the agreed upon amount and certify that you are an authorized user of the Credit Card.