



## Credit Card Authorization Form

Name on the Card: \_\_\_\_\_

Type of Card: Visa  MC  AmEx  Discover

Other  \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Security Code \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

**Item(s) Purchased** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Amount to be Charged** \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**By signing this form, you authorize Warriors For A Cause  
to charge your card for the amount listed above.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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Warriors For A Cause is a 501(c)3 non-profit organization. Contributions are tax deductible to the extent allowed by law. Tax ID# 82-2746983

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