

Greater Hudson Valley Council, BSA

CREDIT CARD AUTHORIZATION

Please complete all fields

BILLING INFORMATION

ADDRESS

CITY, STATE, ZIP

PHONE #

EMAIL

CREDIT CARD INFORMATION

MASTERCARD

VISA

DISCOVER

AMERICAN EXPRESS

OTHER

CARDHOLDER NAME

CARD NUMBER

EXPIRATION DATE (MM/YYYY)

SECURITY CODE

BILLING ZIP

PURPOSE

AMOUNT

*****3% CONVENIENCE FEE WILL BE
ADDED TO THE APPROVED AMOUNT**

PRINTED NAME

SIGNATURE

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