



CREDIT CARD AUTHORIZATION FORM

PLEASE CIRCLE ONE: One Time Gift / Monthly Recurring Gift

Charge Amount: \$ _____

Card Type (circle one): M/C VISA AMEX (CHECKS CAN BE MAILED BELOW)

Card Number: _____

Expiration Date: ____/____/____

CVV/CID CODE (3-4 DIGIT CODE FOUND ON BACK OR FRONT OF CARD):

Card Holders Name: _____

(exactly as it appears on the credit card)

Billing Address: _____

City: _____

State: _____ Zip: _____

Card Holder Phone Number: () _____ - _____

Authorization Code: _____

Card Holder Signature: _____

Card Holder Name (PRINT): _____

Date Of Signature: ____/____/____

RETURN THIS FORM TO: (714) 995-6901 OR MAIL YOUR GIFT TO:

CHAMPIONS UNLEASHED
4552 Lincoln Ave. #105
Cypress, CA 90630

www.championsunleashed.org