



CREDIT CARD AUTHORIZATION FORM

DATE: _____

PAYMENT DESCRIPTION: _____

PLEASE CHARGE MY CREDIT CARD: ___ Master Card ___ Visa ___ AmEx

AMOUNT PAID: _____ (Pesos / Dollars)

CARD NUMBER: _____

EXP. DATE (MO/YR): _____/_____

NAME (as it appears on credit card):

SIGNATURE: _____

PROGRAM:

_____ Alumni Giving Annual Fund 2011-2012 / Class Year: _____

_____ Play Your Part...Naming Project

_____ Leave a Mark...Buy a Brick

_____ Alumni Promotional Items /Describe: _____

_____ Tickets for Alumni Reunion Party

_____ Family Fun Day Registration

PLEASE SEND THIS FORM TO:

Email: vmorales@cms.edu.do Fax: 809-533-9222 or 809-701-6157

ATTN: VIELKA MORALES, DEVELOPMENT OFFICER