



## **Credit Card Authorization Form**

Card Type (circle one):    Visa    MasterCard    Discover    AMEX

Card Number: \_\_\_\_\_

Expiration date: \_\_\_\_/\_\_\_\_

Authorization Code: \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Contribution Amount: \$ \_\_\_\_\_

Designated School \_\_\_\_\_

**I hereby authorize Georgia GOAL Scholarship Program, Inc. to debit the above referenced account in the amount indicated.**

Signature: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_