



Delta Life Skills
PO Box 18625
Ladner Postal Outlet
Delta BC V4K 4V7
E-mail: president@deltalifeskills.net

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

| Credit Card Information |
|--|
| Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA |
| Maximum amount to be charged: _____ |
| Cardholder Name (as shown on card): _____ |
| Card Number: _____ |
| Expiration Date and CVV (mm/yy and 3 digits): _____ |
| Cardholder Postal Code (from credit card billing address): _____ |
| Email address: _____ |

I, _____, authorize Delta Life Skills to charge my credit card above for my fundraising fee owing, up to a maximum of \$800, in February 2021 prior to the AGM. I understand that my information will be saved to file for this transaction only and that future fundraising fees will require a new authorization form. I understand that I will be contacted by Delta Life Skills by email if there is an amount owing, and that amount will be communicated to me prior to the credit card being processed.

Customer Signature

Date