

Credit Card Authorization
Samaritan Center
Of Catholic Charities
3650 41st Street
Vero Beach, FL 32967

Name: (as printed on card) _____

Billing Address: _____

Card Type: ___ Visa ___ MasterCard ___ American Express

Card Number: _____

Expiration Date: _____ Total to be charged: _____

I agree to pay above total amount according to card issuer agreement.
(Merchant agreement if credit voucher)

Signature: _____ Date: _____