

Orlando Diocesan Council of Catholic Women

**Credit Card authorization form:**

**ODCCW Convention 2024**

**Leadership Training July 2024**



Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Type (please circle one): Master Card Visa Amex Discover

Name as it appears on your card:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit card number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration date on card (MM/YY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Security code: \_\_\_\_\_\_\_\_\_\_\_ (3 digits on back)

Amex:\_\_\_\_\_\_\_\_\_\_\_\_\_ (4 digits on front of card)

Amount to be charged to your card $\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If using this for your registration, mail this credit card authorization along with your registration form to: Margarita Pecoraro, 1884 Bel Ct., Indialantic, FL 32903.