

Carus Preschool Fundraising Auction Donation Debit Card Authorization Form

Please send a post-dated auction check along with this form. We will only use this form if a checking account is not available, or the check is not clear.

Family Information:

First Name: _____

Middle Name: _____

Last Name: _____

Billing Address: _____

Phone Number: _____

Email Address: _____

Banking Information:

Full Name on Card: _____

Banking Institution: _____

Card Type: Visa MasterCard American Express Discover

Credit Card Number: _____

CCV Number code: _____

Expiration Date: _____

I, _____, hereby authorize Carus Preschool to charge the Credit card amount for the following charges: () \$400.00 auction Donation due February 2nd, 2024.

Or

() The remaining donation balance due after calculation of donated items is submitted on February 2nd, 2024. I will be notified of this balance due.

*You will be notified before any charges are run; form will be shredded.

I acknowledge that my liability for these charges will not be waived and that I will be held personally liable if the issuing institution refuses to pay the full amount.

Card Holder's Signature: _____ Date: _____

Mailing Address: Carus Preschool, Po Box 974 Beaver Creek, Or. 97004

Email: teacher.cassidy@outlook.com (Ph.) 503-632-7735.