



PAR Foundation

Credit Card Authorization Form

Credit Card Information	
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____	
Cardholder Name (as shown on card): _____	
Card Number: _____	
Expiration Date (mm/yy): _____ / _____ Security Code: _____	
Cardholder ZIP Code (from credit card billing address): _____	

I, _____, authorize

PAR Foundation

to charge my credit card above for agreed upon purchases itemized below:

ITEM: _____ Price: \$ _____ Quantity: _____

ITEM: _____ Price: \$ _____ Quantity: _____

ITEM: _____ Price: \$ _____ Quantity: _____

DONATION: \$ _____

Donations to the PAR Foundation (an IRS Registered 501 c 3) are tax deductible.

An online processing fee will be added to my total.

My information will **not** be saved for future transactions on my account.

Customer Signature

Date

Thank You for your purchase!

Return this form to:
Sam@PARFdn.com

Shipping Address: