

CREDIT CARD AUTHORIZATION

SRCF Learning Centre for Halifax Inc.
51 Boland Road, Dartmouth, NS B3A 3G7
Charitable Reg. No. : 838413854RR0001



NAME ON CARD: _____

FOR: Donation _____ Other (explain) _____

CARD TYPE: _____

CARD NUMBER: _____

EXPIRY DATE: _____

CVV: _____

AMOUNT OF PAYMENT: _____

ADDRESS: _____

(please provide the mailing address where the Statements are sent for this Credit Card)

SIGNATURE OF CARDHOLDER: _____
(if available)

Date: _____

Note: This is not an official tax receipt for income tax purposes



Learning Centre for Children
Halifax