

CREDIT CARD AUTHORIZATION

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



2019 GOLF

NAME ON CARD: _____

FOR: Sponsorship Registration Fee

CARD TYPE: _____

CARD NUMBER: _____

EXPIRY DATE: _____

CVV: _____ (must be included)

AMOUNT OF PAYMENT: \$ _____

ADDRESS with Postal Code: _____

(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