# Down Syndrome Association of Los Angeles

## CREDIT CARDHOLDER'S AUTHORIZATION

IN LIEU OF MY CREDIT CARD IMPRINT, I HEREBY AUTHORIZE THE DOWN SYNDROME ASSOCIATION OF LOS ANGELES TO CHARGE MY CREDIT CARD

Credit Card *(please circle)* Visa MasterCard

Name on Credit Card_____ Exp Date_____

Credit Card Number _____ 3 Digit CSC_____

In the amount of $ 100 for registration and payment of deposit for the DSALA Moms Need Moms Cruise 2010

My billing address: _____

Home Phone _____ Cell or Work_____

- **NOTE: IDENTIFICATION IS REQUIRED. PLEASE PROVIDE COPY OF CREDIT CARD (FRONT & BACK) AND PASSPORT OR DRIVER'S LICENSE OF CARDHOLDER.**

BY SIGNING BELOW, I ACKNOWLEDGE CHARGES DESCRIBED HEREON. PAYMENT IN FULL TO BE MADE WHEN BILLED OR IN EXTENDED PAYMENTS IN ACCORDANCE WITH STANDARD POLICY OF COMPANY ISSUING CARD.

X _____

Signature of Cardholder Date

Please mail or fax completed form along with copy of credit card (front and back) and State ID or passport to the

**Down Syndrome Association of Los Angeles.**
*315 Arden Avenue, Glendale, California 91203*
*Phone: 818-242-7871 Fax: 818-242-7819*