

Credit Card Authorization Form



I, _____, hereby authorize The Foundation For Music Education,
to charge my credit card account for the amount of*: \$ _____

Credit Card Information

Credit Card Type Visa Mastercard American Express Discover

Credit Card Number _____

Expiration Date _____

Cardholder Name (as it appears on card) _____

Credit Card Billing Address

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Your completion of this authorization form helps to protect you from credit card fraud. All information will be kept strictly confidential.

Cardholder Signature _____

*All donations are subject to a 3% transaction processing fee.