



## Authorization for Credit Card Use

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

### For Payment Confirmation Receipt (Choose One)

Email address \_\_\_\_\_

Fax Number \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ AmEx

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CCV Number: \_\_\_\_\_  
(CCV 3 digits located on the back of the credit card or 4 digits on the front of the amex card)

Amount to Charge: \$ \_\_\_\_\_ (USD)

I authorize COLA to charge the amount listed above to the credit card provided herein for GiveBack365 Scholarship

Cardholder – Please Sign and Date

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Please fax the completed form to 410-381-3959 or email to [payments@cola.org](mailto:payments@cola.org)