



Credit Card Authorization Form for a monthly pledge

Please complete all fields. You may cancel this authorization at any time by contacting Boise Baroque Orchestra.
This authorization will remain in effect until canceled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other:
Cardholder Name (as shown on card):
Card Number:
Expiration Date (mm/yy):
CVS code:
Cardholder ZIP Code (from credit card billing address):

I, _____, authorize the Boise Baroque Orchestra
to charge my credit card above for a monthly pledge
in the amount of \$ _____ .

I understand that my information will be saved to file for future transactions on
my account.

Customer Signature

Date