

Office Use Only

Sibling Discount

20%

## Credit Card Authorization Form Transportation Program 2023-2024

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ast Name(s):		First Name(s	):	
ard listed below a rror. This authori vritten notification	nd if necessary to init ty will remain in effec n to cancel. Notice m	tiate adjustments for ct until the Boys & Gir ust be received by the	ke recurring charges to nany transactions credited is Clubs of Greater San De Boys & Girls Clubs of Gorancel the next paymer	d or debited in Diego has receive reater San Diego
Name as it	appears on card:			
ype of card	Visa MC	Discover	AMEX	
Account Number: _			Expiration: _	
illing Address:				
ity/State/Zip:				
Phone Number: Please mark the box( for the months you i	(es) on the months you ndicate you would like	would like your child to	attend. <i>Please note you v</i> otify the Membership Clerk	-
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Scholarship

15%

30%

**50%**