



Credit Card Authorization Form

Card Type (circle one): Visa MasterCard Discover AMEX

Card Number: _____

Expiration date: ____/____

Authorization Code: _____

Name of Card Holder: _____

Billing Address: _____

City: _____ State: ____ Zip: _____

E-mail Address: _____

Contribution Amount: \$ _____

Designated School _____

I hereby authorize Georgia GOAL Scholarship Program, Inc. to debit the above referenced account in the amount indicated.

Signature: _____

Name (Print): _____

Date of Signature: ____/____/____