



Payment Authorization Form

Please use this form for all mail in credit card and check payments.

PAYMENT BY CREDIT CARD: Circle one and complete form.

MasterCard VISA American Express Discover

Credit Card Number _____

Expiration Month _____ Year _____ Security Code _____

Billing address on credit card _____

City _____ State _____ Zip _____

Name as it appears on credit card _____

Amount to be charged, ONE TIME CHARGE OF \$ _____

PAYMENT BY CHECK: Please include Date of Event in the memo of check.

Name and Date of event _____

Number and Name of Guests _____

Phone Number you can be reached at: _____

Choice of Entrees if applicable _____

To keep your credit card information secure, please do not email Payment Authorization Form! To pay securely online use our PayPal option located at BonnetHouse.org; [Calendar](#); [Alliance Socials](#).

Return this form by USPS mail to:

Bonnet House Alliance

900 North Birch Road

Fort Lauderdale, FL 33304