

CLCA Orange County Chapter Credit Card Authorization Form

Name on Credit Card: _____

Account Billing Address: _____

Mastercard/Visa #: _____

Expiration Date: ____/____ 3 digit cv2 code (found on the back of the card): ____

Signature: _____

Orange County Champions and All Star Programs	\$ ____
Orange County Chapter Annual Golf Tournament	\$ ____
Orange County Chapter Shooting Event	\$ ____
All 2010 Monthly Meetings	\$ ____
Annual Beautification Awards Banquet	\$ ____
Angel's Baseball Tickets and Tailgate	\$ ____
Other: _____	\$ ____

TOTAL \$ _____



Please remit this completed form to:

Andrew Baker - Chapter AM Rep.

FAX: (714) 475-1612