



Arts4Tots Credit Card Authorization 2020-2021

ALL INFORMATION WILL REMAIN CONFIDENTIAL

Name on Card: _____ Phone Number: _____

Child's Name: _____ Class: _____

Billing Address: _____

Credit Card Number: _____

Expiration Date: _____ Card Type: _____ Visa _____ MasterCard

Payment Date	Amount to Charge	Date CC Charged	SAC Initial
September 16/20	\$		
November 18/20	\$		
February 17/21	\$		
April 1/21 (if fundraising waiver NOT complete)	\$ 50.00		
May 3/21 (If volunteering is NOT complete)	\$ 25.00		

I authorize the Steinbach Arts Council to charge the amounts listed above on the payment dates to the credit card provided on this form.

Cardholder:

Print Name: _____

Signature: _____

Date: _____

SAC employee:

Print Name: _____

Date: _____