



Credit Card Authorization Form

Please complete the following information and mail form to:

SFCC Foundation, Inc.

13 E. Main St.

Avon Park, FL 33825

(863) 453-3133

Fax (863) 453-8023

Date: _____

Student Name (for Jacaranda Residence Facility): _____

Or

Donation to the following scholarship: _____

I hereby authorize the South Florida Community College Foundation, Inc. to charge my credit card as follows:

Type of Credit Card: _____

Credit Card #: _____

3-Digit Security Code _____

Amount: _____ Exp. Date: _____

Name of Cardholder: _____

Billing Address: _____

City, State: _____ Zip code _____

Phone: _____

Signature of Cardholder: _____

We accept:

