



Credit Card Authorization Form **For Jacaranda Residence Facility**

Please complete the following information and mail form to:

SFSC Foundation
13 E. Main St.
Avon Park, FL 33825
(863) 453-3133

Date: _____

Student Name (for Jacaranda Residence Facility): _____

I hereby authorize the South Florida State College Foundation 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: _____

Email: _____

Signature of Cardholder: _____

We accept:

