



## Credit Card Authorization Form Jacaranda Residence Facility

Please fill in the following information and mail the completed form to:

SFSC Foundation, Inc.  
600 West College Drive  
Avon Park, Florida 33825  
863-453-3133

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby authorize the South Florida State College Foundation to charge my credit card as follows:

Type of Credit Card: \_\_\_\_\_ Amount: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

We accept:

