



Reverend George A. Brown Memorial School

I authorize Reverend Brown Memorial School on my behalf to charge my credit card for the following amount: \$ _____

Student Name: _____

Purpose: _____

I would like to use the following credit card: _____ Visa _____ MasterCard _____ American Express _____ Discover

Card#: _____ Expiration Date: _____ CVV#: _____

Authorized Cardholder's Signature: _____

Name on the Card: _____ Phone Number: _____

Street Address (NO PO): _____ State: _____ Zip Code: _____