



**BOYS & GIRLS CLUBS
OF PROVIDENCE**

CREDIT CARD PROCESSING CONSENT FORM

Card Holder's Name _____

Child's Name _____

Address

Street: _____

City/State/Zip: _____

Phone: _____

Method of Payment: [] AMEX [] MasterCard [] Visa [] Discover

Credit Card # _____ Exp. Date _____

Total to be charged to your credit card: _____

Memo Line (Please indicate what the charge is for): _____

Signature: _____