

Cardholder's Name: _____
 Billing Address _____ Apt _____
 City _____ State _____ Zip _____

Credit/Debit Card Authorization

Visa Master Card Discover Card # _____ - _____ - _____ - _____
 Exp Date ____/____/____ Security Code # _____

Electronic Fund Transfer (EFT)

Checking Savings Account Bank & Branch _____
 Bank Transit / ABA # _____ Account # _____

* Please enclose a voided check in order to setup Automatic Bank Withdrawal

Authorizing Payment for:

- Membership Adult Fitness Class Summer/Winter Camp
- Swim Team After School Sunday Enrichment Program
- Youth Sports Early Childhood
- Other _____

Total Program Fee _____ Installment Plan: Amount _____ Months _____

Cardholder Signature _____ Date _____

If I am faxing this form please treat this fax as a copy of my signature on file. I understand that by signing this form I give authorization to the Shorefront YM-YWHA to charge my credit card for the above charges and agree to abide by the policies of the Shorefront YM-YWHA.

Make a difference by supporting the charitable mission and programs at the Shorefront Y.

Would you like to make a tax-deductible donation?

- \$300 \$150 \$36
- \$250 \$100 \$18
- \$200 \$50 Other _____