

**CREDIT CARD AUTHORIZATION  
FORM**



**The 7th Annual M&T Bank  
Corporate Ski Challenge  
February 19th, 2010**

By signing below I hereby authorize The Childrens Growth Foundation to  
Charge my credit card account in the amount indicated

Please return by mail to :

Childrens Growth Foundation  
c/o Pat Caveny  
1700 Elmwood Ave.  
Buffalo, NY 14207  
716-874-3666 ext.3046

Or Fax to 716-874-9994

**Credit Card**

American Express

MasterCard

Visa

**Cardholder Information**

\_\_\_\_\_  
Cardholder Name (Please print name exactly as it appears on the credit card)

\_\_\_\_\_  
Billing Telephone Number

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
CVV (The last three digits on the back of your card - for American Express, the 4-digit code on the front side)

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Total Amount

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact email address