



AUXILIARY PRE-REGISTRATION AND BANQUET TICKET CREDIT CARD FORM



IMPORTANT

IF THIS IS THE PAYMENT OPTION THAT YOU DECIDE ON, PLEASE FILL OUT THE INFORMATION BELOW AND SEND WITH ALL NECESSARY ORDER FORMS.

(THE CARD HOLDERS NAME, AS IT APPEARS ON THE CREDIT/DEBIT CARD)

Name: _____

Billing Address: _____

(Street)

(City)

(State)

(Zip)

Contact info: Day Phone: _____ **Email:** _____

AUXILIARY # _____

Auxiliary Pre-Registration: Number of Registrants: _____ at \$ 45.00 each: Total \$ _____

Ladies Night Out Banquet: Number of Tickets: _____ at \$ 45.00 each: Total \$ _____

Aerie and Auxiliary Banquet: Number of Tickets: _____ at \$ 55.00 each: Total \$ _____

Prayer Breakfast: Number of Tickets: _____ at \$ 30.00 each: Total \$ _____

TOTAL TO BE CHARGED TO THE CREDIT OR DEBIT CARD: **TOTAL \$** _____

CREDIT CARD TYPE: (Check one)

VISA _____ MASTER CARD _____ DISCOVER CARD _____ DEBIT CARD _____

CREDIT/DEBIT CARD NUMBER: _____

3 DIGIT NUMBER ON BACK OF CARD: _____

EXPIRATION DATE: ____/____/____

By My Signature, I Hereby Authorize the Above Amount to be Charged/Deducted from the Authorized Account:

Signature: _____

PLEASE SEND ONLY AUXILIARY FORMS ALONG WITH THIS METHOD OF PAYMENT