



AERIE 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 BANQUET 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: \_\_\_\_\_

**AERIE #:** \_\_\_\_\_ Only send Aerie forms with this method of payment.

Aerie Pre-Registration: Number of Registrants: \_\_\_\_\_ at \$50.00 each: Total \$ \_\_\_\_\_

Aerie & Auxiliary Banquet: Number of Tickets: \_\_\_\_\_ at \$60.00 each: Total \$ \_\_\_\_\_

Prayer Breakfast: Number of Tickets: \_\_\_\_\_ at \$32.00 each: Total \$ \_\_\_\_\_

(TOTAL TO BE CHARGED TO THE CREDIT OR DEBIT CARD) TOTAL \$ \_\_\_\_\_

**(U.S. CURRENCY ONLY)**

CREDIT CARD TYPE: (v) (Check one)

VISA \_\_\_\_\_ MASTER CARD \_\_\_\_\_ DISCOVER CARD \_\_\_\_\_ DEBIT CARD \_\_\_\_\_  
(Debit Card must have Visa or Master Card logo)

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: \_\_\_\_\_

E-MAIL TO: [records@foe.com](mailto:records@foe.com)

OR

MAIL TO: Grand Aerie, F.O.E. 1623 Gateway Circle South Grove City, Ohio 43123