



RAVENS
CARLETON UNIVERSITY

Credit Card Authorization Form

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____

PROVINCE: _____

POSTAL CODE _____

PHONE: (H) _____

(O) _____

FAX# _____

EMAIL: _____

CREDIT CARD: Please circle one

VISA

MasterCard

CREDIT CARD #: _____

EXPIRY DATE: _____

CAHL Summer 2017 Payment Schedule

March 15th, 2017	\$500.00
May 9th, 2017	\$1,900.00
July 9th, 2017	\$1,900.00
Total:	\$4,300.00

SIGNATURE: _____