



**RAVENS**  
CARLETON UNIVERSITY

**Credit Card Authorization Form**

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**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**PROVINCE:** \_\_\_\_\_

**POSTAL CODE** \_\_\_\_\_

**PHONE: (H)** \_\_\_\_\_

**(O)** \_\_\_\_\_

**FAX#** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**CREDIT CARD:** Please circle one      VISA      MasterCard

**CREDIT CARD #:** \_\_\_\_\_

**EXPIRY DATE:** \_\_\_\_\_

**CAHL Winter 2017-18 Payment Schedule**

July 31st, 2017	\$500.00
September 15th, 2017	\$2,700.00
November 15th, 2017	\$2,700.00
<b>Total:</b>	<b>\$5,900.00</b>

**SIGNATURE:** \_\_\_\_\_