



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: _____

CWAHL Summer 2018 Payment Schedule

April 1st, 2018	\$500.00
May 15th, 2018	\$1,900.00
June 15th, 2018	\$1,900.00
Total:	\$4,300.00

SIGNATURE: _____