Credit Card Authorization

Visa, MasterCard, American Express, Discover

Developmental Research School
at the University of Florida

Cardholder Name: _____ Phone: _____
Print name as it appears on card

Cardholder Email Address: _____

Card Billing Address: _____
Address where credit card bill is **received**

_____

By signing below, I certify that I am authorized to make charges to the credit card below.

_____ _____ $_____
Authorized Signature Date Amount

For P.K. Yonge Families:

Student(s) Name(s): _____

Payment for: ☐ Activity Fees ☐ Other – please describe: _____

For Participants in Professional Learning Outreach Events:

Event Name: _____ Event Date: _____

Number Attending: _____ School/District Attending: _____

Name and Email for Receipt:_____

(Information below will be destroyed once payment is processed and approved)

Credit Card Number: _____ Expiration: _____

CVV Code: _____

MAIL FORM or FAX TO SECURE NUMBER: 352-392-3042

Due to UF Privacy Policy we are unable to accept this form via email

Questions? 352.392.1554 x279

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