## Credit Card Authorization Visa, MasterCard, American Express, Discover



Cardholder Name:	Phone:		
Print name as it appears on card			
Cardholder Email Address:		<del>-</del>	
Card Billing Address:Address where credit card bill is received			
By signing below, I certify that I am au	ithorized to make charges to the c	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:			
•	stroyed once payment is processe	• • • • •	
Credit Card Number:	Expira	Expiration:	
	C'	VV 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