

Family Program
Credit Card Authorization Form

You are now able to pay your **\$275.00 Religious Education Family Fee** using a credit card for a one-time only charge. Please provide the following information and mail this form along with your registration form to:

St. Elizabeth of Hungary
175 Wolf Hill Road
Melville, New York 11747

(please print)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Card
Number: _____

Security Code (appears on the back of card): _____

Circle one: VISA Master Card American Express

Expiration date: _____

Name as it appears on card: _____

Amount to Charge: \$ _____

Signature: _____ Date: _____