

# CAMP AMERICA DAY CAMP

## CREDIT CARD AUTHORIZATION FORM

Please charge \$\_\_\_\_\_ to the following account:

**VISA**     **MASTERCARD**     **DISCOVER**

CARD NUMBER \_\_\_\_\_

Expiration date: month \_\_\_\_\_ year \_\_\_\_\_

Cardholder's Name (PRINT): \_\_\_\_\_

Cardholder's Street Address: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Zip Code: \_\_\_\_\_

**Please return this original signed form (we cannot accept fax copies) to:**

Camp America Day Camp  
P.O. Box 737  
Warrington, PA 18976-0737

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