



PRE-REGISTRATION AND BANQUET TICKET CREDIT CARD FORM

IMPORTANT

IF THIS IS THE PAYMENT OPTION THAT YOU DECIDE ON, PLEASE FILL OUT THE INFORMATION BELOW AND SEND WITH ALL NECESSARY ORDER FORMS.

(THE CARD HOLDERS NAME, AS IT APPEARS ON THE CREDIT/DEBIT CARD)



Name: _____

Billing Address: _____

(Street)

(City)

(State)

(Zip)

Contact info: Day Phone: _____ Email: _____

AERIE OR AUXILIARY # _____

Pre-Registration: Number of Registrants: _____ at \$65.00 each: Total \$ _____

Ladies Night Out Banquet: Number of Tickets: _____ at \$70.00 each: Total \$ _____

Aerie and Auxiliary Banquet: Number of Tickets: _____ at \$80.00 each: Total \$ _____

Prayer Breakfast: Number of Tickets: _____ at \$40.00 each: Total \$ _____

TOTAL TO BE CHARGED TO THE CREDIT CARD OR DEBIT CARD: TOTAL \$ _____

(U.S. CURRENCY ONLY)

CREDIT CARD TYPE: (✓) (Check one)

VISA _____ MASTER CARD _____ DISCOVER CARD _____ DEBIT CARD _____

(Debit Card must have a Visa or Mastercard Logo)

CREDIT/DEBIT CARD NUMBER: _____

3 DIGIT NUMBER ON BACK OF CARD: _____

EXPIRATION DATE: ____/____/____

By My Signature, I Hereby Authorize the Above Amount to be Charged/Deducted from the Authorized Account:

Signature: _____

MAIL TO: Grand Aerie, F.O.E. 1623 Gateway Circle South, Grove City, Ohio 43123 ATTN: Accounting Dept.

PAY BY PHONE: (614) 883-2195

FAX TO: (614) 883-2195