

ORHA Grand Finale

Credit Card Authorization Form

Card Type: VISA Mastercard

Credit Card Number:

Expiry:

CVV #:

Last 3 or 4 numbers on back of card

Name on Card:

Address:

City:

Postal Code:

Email:

Phone No.:

Signature:

Date:

Forward this form to:

ORHA c/o Laura Henderson 1442 Miraya Crt. Mississauga, ON L5C 2T5

Marketing@orha.on.ca