



UNITED CEREBRAL PALSY OF ORANGE COUNTY

980 Roosevelt, Suite 100
Irvine, CA 92620-3670
FAX: 949-333-6441

Credit Card Authorization Form

This document AUTHORIZES United Cerebral Palsy of Orange County to bill the expenses listed below to the following credit card.

Accepted Credit Card Type: AMX Visa MC
Credit Card # _____ Expiration Date: _____
TOTAL \$ _____
Name of Authorized Signer: _____
Signature: _____
Name As Appears On Card: _____
Address: _____

EXPENSES: Helping the Behaviorally Challenging Child 6-week class series

Please return completed form to UCP-OC
FAX: 949-333-6441 Phone: 949-333-6400
Email: jwinter@ucp-oc.org

Thank you!