

GEORGETOWN UNIVERSITY

# Center for Child and Human Development

## CREDIT CARD AUTHORIZATION FORM

Participant's Name: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Type of Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Total to be Charged: \_\_\_\_\_

Your credit card receipt will be mailed to the address on the registration form unless you indicate below to whom the receipt should be mailed.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please fax this form to (202) 687-1954, attention: Anna de Guzman.



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*University Center for Excellence in Developmental Disabilities*