

ADAMS TQP Qur'an/Summer Camps

Credit Card Authorization form

I _____

First Name

Middle Name

Last Name

Address _____

Street

City

State

Zip

I hereby authorize ADAMS to charge my credit card (VISA, Master, and American Express)

For: Camp fee _____ After/Pre-care fee _____

Name of child _____ Phone Number _____

Credit Card Number _____

Expiry date _____

CVC code _____

Signature _____ Date _____