

CREDIT CARD AUTHORIZATION FORM

I(we) would like to make a donation of \$_____

Name:_____

Address:_____

Tel. _____

Email _____

METHOD OF PAYMENT: Check enclosed, or Charge to:
 Amex Discover Diners Club Mastercard Visa

Card No._____

Name on card: _____

Expiration Date: _____ CVV Code: _____ Billing Zip Code_____

Signature:_____

Please send completed form with payment to Westchester Oratorio Society, PO Box 6, South Salem, NY 10590. Please make checks payable to WOS. (You can also pay via PayPal at www.westchesteroratorio.org).