



DATE \_\_\_\_\_

### CREDIT CARD AUTHORIZATION

I, \_\_\_\_\_, authorize the Greater New Orleans Youth Orchestras to charge my credit card for goods or services rendered. Not to exceed the amount shown.

AMOUNT \$ \_\_\_\_\_ USD

**ATTACH RECEIPT HERE**

Reference \_\_\_\_\_  
(please indicate what you are paying for)

(office use only)

Credit Card Type \_\_\_\_\_

Credit Card # \_\_\_\_\_

Card CV2# \_\_\_\_\_

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

Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name on Card \_\_\_\_\_  
(As it appears on card)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Fax or mail to:**

GNOYO  
7100 St Charles Ave Suite 207  
New Orleans LA,70118

**Contact:**

504.861.1801  
gnoyo@gnoyo.org