

CAMP GAN ISRAEL CREDIT CARD AUTHORIZATION FORM

First Name (as it appears on card) Last Name (as it appears on card)

Billing Address, City, State, Zip Phone

Credit Card Number Exp. Date Security Code

Email Address

Visa Mastercard Discover American Express

I authorize Camp Gan Israel to charge my card in the amount of \$_____ /

Signature of Card Holder

Camp Gan Israel Fax: 818-758-3840