



Art and Smarts Summer Camp at The Grace School

Credit/Debit Card Charge Authorization

I (we) hereby authorize the Arts and Smarts Summer Camp to make recurring charges to my Credit/Debit Card listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until the Arts and Smarts Summer Camp is notified by me (us) in writing to cancel it in such time as to afford the Arts and Smarts Summer Camp and credit card company a reasonable opportunity to act on it.

(Camper's Name-PLEASE PRINT)

(Cardholder's Name - PLEASE PRINT AS APPEARS ON CARD)

(Address - PLEASE PRINT)

(Phone Number - PLEASE PRINT)

(Email - PLEASE PRINT)

Please circle one: Visa MasterCard Discover

Account Number: _____ CVV2/CID Number: _____
(3 digit code on back of card)

Expiration Date: _____

(Signature)

(Date)

**PLEASE RETURN FORM TO: Arts and Smarts Summer Camp at The Grace School,
ATTN: Heather Boccanfuso, 1000 Eddy Street, Providence, RI 02905 or email form to:
hboccanfuso@MeetingStreet.org.**