

AMIGUITOS

“Good Friends”

MONTHLY SPONSORSHIP - CREDIT CARD CHARGE AUTHORIZATION

(As shown on your credit card and associated account)

First Name: _____

Last Name: _____

Card Number: _____

Payment Type (circle): **Visa MC AE Other**

Expiration Date: _____ (mm/yy)

CSC: _____ (### - 3 digit security number from the back of your card)

Billing Address Line 1: _____

Billing Address Line 2: _____ (optional)

City _____

State/Zip: _____

Home phone: _____

Email: _____

Student (s) you are sponsoring: _____

Please indicate the monthly amount intentions below:

I am authorizing (Check one):

- \$40 per month – **Full Sponsorship**
 \$20 per month – **Co - Sponsorship**
 \$10 per month – **Partial - Sponsorship**
 \$_____ per month – **Other**

Signature: _____

Date _____.

Complete authorization, sign and return to to:

AMIGUITOS
Attn: Curtis Wait
228 S Jefferson Ave
Louisville CO 80027