



Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential

Player Sponsor Half-page Ad Full-page Ad Matchday Sponsor Match Ball Sponsor

Name: _____

Billing Address: _____

PAYMENT BY CREDIT CARD

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

Amount to Charge: \$ _____ (USD)

I authorize _____ to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

OR PAYMENT BY PAYPAL  (send payment to: secretary@galwayunitedfc.ie)

Return the completed and signed form to the following:

By Post:

GALWAY UNITED FOOTBALL CLUB
EAMONN DEACY PARK
DYKE ROAD
TERRYLAND
GALWAY
IRELAND
H91 AV81

Scan & Email:

gufcprogramme@gmail.com