



PROJECT IDENTITY

CREDIT OR DEBIT CARD AUTHORIZATION
(Circle credit or debit card to be charged)

MasterCard__ VISA__ Discover__ Optima__ American Express__

Credit Card Account Number: _____
(or Debit Card Account Number)

Expiration Date: _____ Amount of Charge/Debit: \$ _____

PROJECT IDENTITY

Contact Project Identity at (404) 653-7766 if you have questions concerning programming.

Date: _____ Participant's Name: _____

Program (please circle): Saturday Institute Summer Institute Summer Program for Youth
Other _____

Cardholder's Name (Please Print): _____

Cardholder's Signature: _____

I authorize the credit/debit card payment by completing and signing the payment coupon above. Authorization protects the cardholder against unauthorized card use.

Cardholder's Telephone Number, including area code: () _____

Cardholder's Email Address: _____

Last four digits of credit card: _ _ _ _

Fax completed credit card form to the Morehouse Cashier's Office at

(404) 653-7740

All other payments should be sent to: Project Identity
c/o Morehouse College - 830 Westview Drive, S.W. - Atlanta, GA 30314