



Credit Card Security Deposit Form
Please complete and return by March 15, 2016

In the event that the allotted number of rappelling slots has not been filled prior to March 15, 2016, and you wish to secure your participation, you will be required to complete this form to secure participation in **Over the Edge For Brain Injury** on March 18, 2016.

I hereby agree to allow the Brain Injury Association of California (BIACAL), to charge my credit card listed below in order to reach my fundraising minimum. I understand that by March 18, 2016 I must commit to raising the **\$1,500** minimum requirement to guarantee my spot. If that amount is not met by **March 18, 2016**, I understand that I have 30 days to continue my fundraising efforts to meet the \$1,500 requirement.

If my fundraising efforts fail to reach the \$1,500 minimum by April 18, 2016, I hereby authorize BIACAL to charge my credit card the difference between the amount I have raised and \$1,500. By signing below, I understand and agree to these terms.

Please Accept My: Visa MasterCard American Express Discover

Name as it appears on card: _____

Credit Card Number: _____

Expiration Date: _____

CVV# (3 digit code on back of card): _____

Address _____

City / Zip Code: _____

Daytime Phone: _____

Cell Phone: _____

Signature: _____

This form must be received by March 15, 2016

Please fax form to: (661) 873-2508

Or scan and email form to:

pdaoutis@biacal.org

For Questions, Contact: Paula Daoutis (661) 873-6555 or (661) 203-5143

