



VISA/MasterCard Authorization

Date: _____

To: _____

Fax # _____ Phone # _____

From: Gingerbread Preschool

Fax # (925) 931-3436 Phone # (925) 931-3430

**I give permission for Gingerbread Preschool to charge my credit card
in the amount of:**

\$ _____ Visa MasterCard

Card # _____

Expiration Date: _____

Signature: _____

Print Name: _____