



Credit Card Security Deposit Form

In order to ensure my participation in Over the Edge Montana for Special Olympics Montana, I hereby agree to allow Special Olympics Montana to charge my credit card listed below for the amount equal to the difference of what I will raise by August 22, 2013, and the \$1,000 minimum requirement. The amount will automatically be charged at registration to rappel on August 22nd. I understand that the maximum amount I may be charged is \$1,000 if no additional funds are raised prior to August 22nd.

Please Accept My: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Name as it appears on card: _____

Card Number: _____

Expiration Date: _____/_____/_____ 3 or 4 Digit Security Code: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____

Signature: _____ Date: _____

Please fax form to:
(406) 454-9043
Or scan and email the form to:
cswanson@somt.org

Questions?
Contact:
Cherie Swanson
(406) 600-2677

