UNIVERSITY OF THE VIRGIN ISLANDS
CREDIT CARD AUTHORIZATION

Appeal/Events:

Credit Card # ________________________  Expiration Date: ________________  
VISA _____ MASTERCARD _____ AMEX _____ CID # ____
(Note: AMEX cardholders places include 4-digit CID Number on right side of card.)

By signing below, I assume full responsibility for this credit card transaction.

For ________________________________ in the amount of $ ____________________.
   Alumni/Friend Name

____________________________________ ______________________________
   Print Name of Card Holder     Date

_____________________________________
   Signature of Card Holder

Mailing Address: _________________________________________________________

________________________________________________________

Telephone: Work _____________________ Home ________________________

Mail completed form to:
   University of the Virgin Islands
   Alumni Affairs Office

   2 John Brewer’s Bay
   St. Thomas, VI 00802-9990