



955 Massachusetts Ave #327
Cambridge, MA 02139 USA
info@colibr**iboston.org**

Credit Card Authorization

Visa -or- Mastercard

Name On Card

Number

Verification Code

Expiration Date

Billing Address:

Street

City

Zip Code

Country

Email Address

Description of Item

Amount to Charge

I authorize Colibri Boston to charge my credit card as indicated above.

Signature

Date