



**The Benjamin Marshall Society Gala At The Drake Hotel**  
**Friday, March 4, 2011**

**Credit Card Payment Authorization Form**

**Please complete all areas below. Incomplete requests may be rejected. FAXES ONLY WILL BE ACCEPTED: DO NOT E MAIL PLEASE**

FAX COMPLETED FORM TO: 312-787-6324

ATTN: Bill McCluskey

**IF you wish other information about the Gala or Sponsorship/Advertising Opportunities, please visit our web site at [www.benjaminmarshallsociety.org](http://www.benjaminmarshallsociety.org)**

Date:

Guest Name:	
Name of Person on Card:	Phone:
Authorized Amount:	

**CARDHOLDERS - Please complete the following section and sign/date below.**

Cardholder Name as it Appears on Credit Card:	
Cardholder Billing Address:	
City:	State:
Daytime /Business Telephone:	Zip:
Credit Card Number:	Evening Telephone:
Credit Card Type: (Circle one)	Expiration Date:
MasterCard                      American Express                      Discover                      JCB                      Diners Club	V i s a /
Credit Card Issuing Bank Name:	Bank Phone Number (from back of your credit card):
I agree to cover the following categories of charges:	
Event Tickets in the Sum Amount of \$ _____	

**Note: Charges for Gala Tickets will be charged to your credit card immediately.**

Amount to be immediately charged to credit card: \$ \_\_\_\_\_

By signing below, you authorize the hotel to charge your credit card immediately for the amount indicated above. Please call the Gala Hot Line if you have questions at 312-932-4309. Please fax this Completed Form to 312-787-6324. Tickets will be at the WILL CALL DESK on the night of the Event. Thank you.

Other Notes from Purchaser: \_\_\_\_\_

Cardholder Signature:

Date: