



Governance Professionals of Canada (GPC)

21 St. Clair Avenue East | Suite 802 | Toronto, Ontario M4T 1L9

Tel: 416-921-5449 / 1-800-774-2850 | Fax: 416-967-6320 |

info@gpcanada.org | www.gpcanada.org

Credit Card Authorization Form

Name: _____ Title: _____

Company: _____

Address: _____

City: _____ Province/State: _____

Postal code: _____ Country: _____

Phone: _____ Email: _____

Please Complete and Return by Email: info@gpcanada.org

I, the undersigned, am the card holder of the credit card specified below. I further verify that the signature below is my signature as indicated on the reverse of the card specified. I hereby authorize **Governance Professionals of Canada (GPC)** to charge my credit card in the amount of:

Canadian Dollars: \$ _____

Select one: Visa MasterCard AMEX

In payment for: _____

Print name (as it appears on the card): _____

Authorized Signature: _____ Date: _____



To be discarded after processing:

Card Number: _____ Expiry: _____