



SOUTHEASTERN REGION

Sigma Gamma Rho Sorority, Inc Credit Card Authorization Form



Chapter Name: _____ Chapter City/State: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

Area Meeting Registration: \$ _____

Regional Conference Registration: \$ _____

Southeastern Region Assessments: \$ _____

St. Jude Donation: \$ _____

Other: \$ _____

Amount total: \$ _____

*** PLEASE ATTACH REMITTANCE FORM OR REGISTRATION FORM ***

Circle One: Visa Mastercard Discover American Express

Card Number: _____

Exp. Date: _____ *V-code: _____

Signature: _____

- **NOTE:** A 5% credit card transaction fee will be added to your amount total once transaction is complete
- ***Verification Code:** A 3-4 digit non-embossed number found on card signature panel or near embossed account number on front

Email to: grammateus@seregionsrho.org

OR

Mail to: Southeastern Region

PO Box 19825

Birmingham, AL 35219