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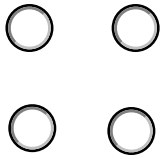

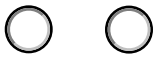

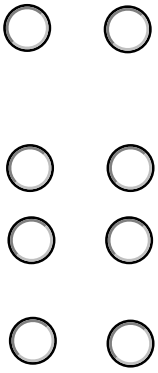

•I understand that if the race cannot be held for any unforeseen circumstance, any funds raised by me will not be refunded.

CREDIT CARD INFORMATION:

Cardholder's Name:

Credit Card Type: ◯American Express ◯Visa ◯MasterCard ◯Discover

Credit Card Number: Expiration Date:

Security Code:

Is this a (select one): ◯personal card ◯Mount Sinai corporate card ◯non-Mount-Sinai corporate card?

By signing below, you agree to all terms and conditions set forth herein, and authorize the Mount Sinai Adolescent Health Center to charge your card in the event that you do not fulfill your fundraising commitment.

_____ _____

Print Applicant Name Date

Applicant's Signature