

Credit Card Authorization Form – Mollenkopf Family Branch
Drop Off Program 2026-2027

Child Last Name(s): _____ Child First Name(s): _____

Child School: _____ Child Grade: _____

I authorize the Boys & Girls Clubs of Greater San Diego to make recurring charges to my credit/debit card listed below and if necessary to initiate adjustments for any transactions credited or debited in error. This authority will remain in effect until the Boys & Girls Clubs of Greater San Diego has received written notification to cancel. Notice must be received by the Boys & Girls Clubs of Greater San Diego at least seven days prior to the recurring charge date in order to cancel the next payment:

Name as it appears on card: _____

Type of card: ☐ Visa ☐ MC ☐ Discover ☐ AMEX

Card Number: _____ Expiration: _____ CVV: _____

Billing Address: _____

City/State: _____ Zip Code: _____ Phone Number: _____

Card Holder's Signature

Date

Please mark the box(es) on the months you would like your child to attend. Please note you will only be charged for the months you indicate you would like to attend. You must notify the Membership Clerk by the 20th (the month prior) if you will not be attending a month that is checked. Fees are subject to change without notice. No refund will be given for cancelations requested after the 20th (the month prior).

CHECK MONTHS TO REGISTER FOR			OFFICE USE ONLY						
Month	Monthly Fee	Check Months Attending	20% sibling	15% scholar.	30% scholar.	50% scholar.	Total Amount Charged	Receipt #	Staff Initial & Date
August	\$208		\$166	\$177	\$146	\$104			
September	\$336		\$269	\$286	\$235	\$168			
October	\$352		\$282	\$299	\$246	\$176			
November	\$224		\$179	\$190	\$157	\$112			
December	\$224		\$179	\$190	\$157	\$112			
January	\$288		\$230	\$245	\$202	\$144			
February	\$240		\$192	\$204	\$168	\$120			
March	\$368		\$294	\$313	\$258	\$184			
April	\$272		\$218	\$231	\$190	\$136			
May-June 3	\$368		\$294	\$313	\$258	\$184			

Office Use Only	Sibling Discount	20%	Scholarship	50%	30%	15%
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