



# Credit Card Authorization

Located in Kosair Charities Center on  
 Masonic Homes Kentucky's Louisville Campus  
 3800 Tom Larimore Lane • Masonic Home, KY 40041  
 P: 502.753.8222 • TF: 866.764.6631 • F: 502.753.8223  
**SproutlingsDayCare.com**

This information is confidential. This form will be kept by Masonic Homes Kentucky Corporate Resource Center.  
 Please complete and return to **kbitar@masonicky.com**.  
**--- There will be a 3% processing fee added to the total amount --**

**Please complete the information below.**

I, \_\_\_\_\_ authorize Sproutlings to charge my credit card for:  
(full name)

Child(ren) \_\_\_\_\_ indicated below for:

\_\_\_\_\_ + 3% Fee \_\_\_\_\_ = \_\_\_\_\_ on or after \_\_\_\_\_  
(total amount)

\_\_\_\_\_ + 3% Fee \_\_\_\_\_ = \_\_\_\_\_ on or after \_\_\_\_\_  
(total amount)

\_\_\_\_\_ + 3% Fee \_\_\_\_\_ = \_\_\_\_\_ on or after \_\_\_\_\_  
(total amount)

\_\_\_\_\_ + 3% Fee \_\_\_\_\_ = \_\_\_\_\_ on or after \_\_\_\_\_  
(total amount)

Months with an additional week will be added to your payment in October 2022, January 2023, May 2023 and July 2023.  
 The following school year will start August 8, 2023.

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Account Type:  Visa  Mastercard  Discover

Cardholder Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV2 (3 digit number on back of card): \_\_\_\_\_

Authorized Signature of Card Holder: \_\_\_\_\_  
(if present during transaction)

**For Corporate Resource Center Use Only**

Order Processed By: \_\_\_\_\_

Date Transaction Completed: \_\_\_\_\_

Date Facility Notified: \_\_\_\_\_