



LINCOLN MEMORIAL  
UNIVERSITY

CREDIT CARD  
AUTHORIZATION FORM

Name:	Social Security Number:
Type of Credit Card:	Card Number:
Amount: \$	Expiration Date:
I authorize Lincoln Memorial University to charge my tuition costs to the above credit card.	
_____ Signature as shown on credit card	

Mail this form along with your registration form to:

Lincoln Memorial University  
Graduate Office  
Attention: Barb McCune  
P.O. Box 2018  
Cumberland Gap Parkway  
Harrogate, TN 37752