

THE AMERICAN LEGION



DEPARTMENT OF MICHIGAN

Post 225 Credit Card Authorization Form

This form will NOT send your credit card information over the internet. It will simply allow you to print a filled in authorization form. Please don't forget to sign it and then fax or mail it to us. We require that we have your signature on file.

I hereby authorize The American Legion Department of Michigan for a one time charge for the amount of \$35.00 to my credit card for my 2008 Post 225 Dues.

Membership Number (9 digits): _____

Credit Card: Visa Mastercard

Card Holder's Name: _____

Company/Organization: _____

Billing Address: _____

City: _____ State: _____ Zipcode: _____

Telephone Number: (_____) _____

E-mail Address: _____

Credit Card Number: _____

Expiration Date: ____/____

Security Code: _____
(located on the back of your card)

Cardholder Signature: _____

Date: _____

Please return completed form to:

The American Legion Department of Michigan
212 N. Verlinden Ave
Lansing, MI 48915
Fax: (517) 371-2401