



Department of Maryland

VFW Auxiliary

1019 Queen Avenue
Salisbury, MD 21801

CREDIT CARD AUTHORIZATION FORM

All information with an asterisk must be completed. Credit Card Authorizations dated more than three (3) months by the card holder will be returned to the Auxiliary.

AUXILIARY MEMBER'S INFORMATION

*AUXILIARY NUMBER _____

*CLIENT'S NAME _____

*MEMBERSHIP ID NUMBER _____ *PHONE NUMBER _____

*STREET ADDRESS _____

*CITY—STATE—ZIPCODE _____

*EMAIL ADDRESS _____

PURCHASE INFORMATION

☐ REPLACEMENT ANNUAL CARD—\$5 + \$2 ☐ REPLACEMENT LIFE MEMBER CARD—\$10 + \$2

☐ CALENDAR RAFFLE—NUMBER OF CALENDARS _____ x \$25 + \$2 = \$ _____

☐ NEW ANNUAL MEMBERSHIP: COST OF AUXILIARY NEW MEMBERSHIP \$ _____ + \$2 = \$ _____

☐ ANNUAL DUES RENEWAL: COST OF ANNUAL DUES \$ _____ + \$2 = \$ _____

☐ NEW LIFE MEMBERSHIP OR CONVERSION TO LIFE: COST OF LIFE MEMBERSHIP—\$ _____ + \$2

☐ OTHER: DESCRIPTION _____ AMOUNT—\$ _____ + \$2

TOTAL CHARGED ON CARD \$ _____

CARD HOLDER'S INFORMATION

PAYMENT DETAILS

☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMEX

*NAME AS IT APPEARS ON THE CARD _____

*ADDRESS ASSOCIATED WITH THE CARD HOLDER _____

*EMAIL ADDRESS _____

*CREDIT CARD NUMBER _____

*CVV CODE _____ (3 DIGIT CODE SHOW ON BACK OF CREDIT CARD) EXPIRATION DATE _____ / _____
Month Year

*CARD HOLDER'S SIGNATURE _____ *DATE _____

FOR DEPARTMENT USE ONLY:

RECEIPT NUMBER _____

DATE PROCESSED _____

REVISED 05/07/2025