



Department of Maryland

VFW Auxiliary

1019 Queen Avenue
Salisbury, MD 21801

CREDIT CARD AUTHORIZATION FORM

AUXILIARY MEMBER'S INFORMATION

AUXILIARY NUMBER _____

CLIENT'S NAME _____

MEMBERSHIP ID NUMBER _____ PHONE NUMBER _____

STREET ADDRESS _____

CITY—STATE—ZIPCODE _____

EMAIL ADDRESS _____

PURCHASE INFORMATION

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

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

☐ ANNUAL MEMBERSHIP: AMOUNT OF AUXILIARY DUES \$ _____ + \$2 = \$ _____

☐ TERRY LYNN: AMOUNT OF ITEMS—\$ _____ + \$2

☐ OTHER: DESCRIPTION _____ AMOUNT—\$ _____

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 _____