



# NATIONAL PUBLIC EMPLOYER LABOR RELATIONS ASSOCIATION

1012 South Coast Hwy, Suite M, Oceanside, CA 92054

Tel: 877-NPELRA1 ♦ Fax: 760-433-1687

**FOUNDATION**

## Credit Card Authorization Form

### CARD HOLDER INFORMATION

Organization Name:	Name on Card:	
Card Holder Billing Address:		
City:	State:	Zip:
Telephone:	Email Address:	

### PAYMENT AUTHORIZATION

Card Type:  AMEX  Discover  VISA  MasterCard

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Card Identification Number: \_\_\_\_\_

Please reference the picture to the right for the location of this number on your Visa or MasterCard

Amount \$ \_\_\_\_\_

Description of Purchase: \_\_\_\_\_

**NPELRA Foundation Contribution**



**123**  
CVV2

I hereby authorize NPELRA to charge the credit card listed above in the amount listed above. This charge is payment for fees and/or services, and is accepted in good faith by NPELRA. By signing below, I acknowledge that I am an authorized signatory for the above referenced card.

### FAX COMPLETED FORM TO 760-433-1687

Print name: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_