



# First Amendment Foundation

336 East College Avenue, Suite 101

Tallahassee, FL 32301

(850)224-4555

www.floridafaf.org

## Credit Card Membership Form

Contact: \_\_\_\_\_ Personal Card Y / N    Company Card Y / N

Company Name on Card: \_\_\_\_\_

CardholderName: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Method of payment: Visa \_\_\_ Mastercard \_\_\_ Discover \_\_\_ Amount Paid: \_\_\_\_\_

Credit card number: \_\_\_\_\_ Exp. date: \_\_\_\_\_

I hereby authorize the First Amendment Foundation to utilize my charge card (listed above) at my request and approval.

Purchaser Signature: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Member Name/Number: \_\_\_\_\_

Membership Dues Amount: \_\_\_\_\_

Additional Contribution: \_\_\_\_\_

Total: \_\_\_\_\_

Shipping address:

Return this Fax order to: (850) 224-0435

Federal tax ID # 59-2449379