



Credit Card Membership Form

Contact: _____ Personal Card: Y / N Company Card: Y / N

Company Name on Card: _____

Cardholder Name: _____ Phone: _____

Card Billing Address: _____

City: _____ State: _____ Zip Code: _____

Method of Payment: Visa _____ Mastercard _____ Discover _____ Amex _____ Amount Paid: _____

Credit Card Number: _____ Exp. Date: _____ CVV Code: _____

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

Purchaser Signature: _____

Organization Name: _____

Member Name: _____

Shipping Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Membership Dues Amount: _____

Additional Contribution: _____

Total: _____

Please return this form to:
First Amendment Foundation
317 E. Park Avenue, Lower Level
Tallahassee, Florida 32301

Federal Tax ID #: 59-2449379