



P.O. Box, 178 ● Valencia, PA 16059-0178 ● Carole Ann Krelow, Executive Director ● 724-991-0136

Membership Meeting

Wednesday, December 8, 2021

Credit Card Authorization

Name on Card: _____

Credit Card Mailing Address: _____

Phone # Associated with Credit Card: _____

Your Mobile Phone Number: _____

Email: _____

Credit Card Type: VISA Mastercard Discover

Credit Card Number: _____

Credit Card Expiration: _____

Credit Card Security Code: _____

Amount to be Charged: _____

(Ten Percent Processing fee \$3.00 pp)

Authorized Signature: _____