

Credit Card Authorization Form

Valued member, please print, complete and return the signed form to us. All information will remain confidential.

Member name: _____

Cardholder name: _____

Billing address: _____

Credit card type: Visa MasterCard

Credit card number: _____

Expiration date: _____

Security Code: _____

Amount to be charged: _____

I _____ authorize the Prince Albert Wildlife Federation to charge my membership fee listed above for the upcoming year. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Date: _____

Signature: _____

Please return the signed form by mail to
Prince Albert Wildlife Federation
P.O.Box 808
Prince Albert, SK
S6V 5S4

Or email it to pa.wildlifefed@gmail.com