

# THE AMERICAN LEGION



## DEPARTMENT OF MICHIGAN

### Post 225 Credit Card Authorization Form

This form will NOT send your credit card information over the internet. It will simply allow you to print a filled in authorization form. Please don't forget to sign it and then fax or mail it to us. We require that we have your signature on file.

I hereby authorize The American Legion Department of Michigan for a one time charge for the amount of \$35.00 to my credit card for my \_\_\_\_\_ Post 225 Dues.  
year

Membership Number (9 digits): \_\_\_\_\_

Credit Card:  Visa  Mastercard

Card Holder's Name: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Branch of Service \_\_\_\_\_ Dates of Service \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_

Security Code: \_\_\_\_\_  
(located on the back of your card)

Cardholder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return completed form to:

**The American Legion Department of Michigan**  
**212 N. Verlinden Ave**  
**Lansing, MI 48915**  
**Fax: (517) 371-2401**