



DEPARTMENT OF MICHIGAN

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 to charge my credit card

- Option 1: \$_____ a one time payment/donation only.
- Option 2: The amount owed for dues on membership cards received for post # _____
- Option 2: \$_____ for other: _____

Credit Card: Visa Mastercard

Card Holder's Name: _____

Company/Organization: _____

Billing Address: _____

City: _____ State: _____ Zipcode: _____

Telephone Number: (_____) _____

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