



SAN RAFAEL ELKS LODGE #1108
PO BOX 150789
SAN RAFAEL, CA 94915-0789
(415) 453-1108

CREDIT CARD AUTHORIZATION FORM

I hereby authorize San Rafael Elks Lodge #1108 to bill my credit card for the following amount: _____

It is in payment for the activity/ event listed below:

EVENT _____ DATE _____

Authorized Signature _____

Today's Date _____

*******Visa or MasterCard ONLY*******

Cardholder Name _____

Cardholder Signature _____

Card # _____ - _____ - _____ - _____

Expiration _____ 3-digit code on back _____

Billing Zip Code _____ Total Amount \$ _____

Email to: secretary@elks1108.org OR Call the office: (415) 453-1108

This bottom half with confidential information will be destroyed once the payment transaction is complete.

Thank you for your business.