



**Zoroastrian Association of Metropolitan Chicago**  
**8615 Meadowbrook Dr**  
**Burr Ridge, IL 60527**  
**(630) 789-1983**  
**www.zac-chicago.org**

## **CREDIT CARD AUTHORIZATION FORM**

I \_\_\_\_\_ hereby authorize the Zoroastrian Association of Metropolitan Chicago to charge the below mentioned credit card for the dollar amount specified. This dollar amount is for:

**One Time Payments:**

	<i>Amount</i>	<i>Notes</i>
Membership	\$	Indicate year :
Donation	\$	Fund :
Total Amount to be charged	\$	

**Recurring Payments:**

	<i>Amount</i>	<i>Notes (Pick duration and specific fund)</i>
Monthly Donation	\$	<input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year
		Fund:

Credit Card Type (circle one):      Visa    MasterCard    Discover

Account Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Email Address: \_\_\_\_\_

Special instructions for donations: \_\_\_\_\_

\_\_\_\_\_

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