

The Trusted Voice of Senior Living and Care



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### Credit Card Authorization Form

Membership Dues       Event Registration

Event Name (if applicable) \_\_\_\_\_

Amount \_\_\_\_\_ (3% processing fee will be added)

Organization \_\_\_\_\_

Name As it Appears on the Card \_\_\_\_\_

Visa     MasterCard     American Express

Card Number \_\_\_\_\_

Expiration \_\_\_\_\_ Month    \_\_\_\_\_ Year

Address Line 1: \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Signature \_\_\_\_\_

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