



Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS
AUTHORIZATION AND RETURN TO:

info@WIMCA.org

Description of matter this payment is for: _____

Cardholder Name: _____

Organization: _____

Billing Address: _____

Billing City/St/Zip: _____

Phone: _____

Email: _____

Credit Card # _____

Expiration Date: _____

Card identification Number (last 3 digits on back of the credit card): _____

Amount to Charge: \$ _____(USD)*

***All credit card payments will incur an additional 3.5% processing fee.**

I authorize WIM California Chapter to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder—Print Name, Sign and Date Below:

Signature: _____

Date: _____

Name: _____

WOMEN IN MINING—California Chapter is dedicated to bringing a greater appreciation of the value of minerals to young people, our communities, and our colleagues in the mining industry.

We thank you for your support!