
CC Authorization Form

Name _____

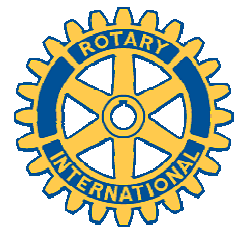
Address _____

City _____ St _____ Zip _____

Credit Card: Visa Mastercard AmEx

CC# _____

Exp Date _____ CCV _____ Zip _____



**Rotary Club of Arden Arcade
Foundation**

I authorize the Rotary Club of Arden Arcade to charge the following amount: _____

Signature _____ Date _____

Email or fax to Christine Jensen, Treasurer: cm.jensen@comcast.net or fax 916-864-1390

Checks may be mailed to Rotary Club of Arden Arcade * PO Box 214181 * Sacramento, CA 95821