



CREDIT CARD AUTHORIZATION FORM

If you would like to make your donation by credit card, please sign and complete this form and return it by email or fax. This form must accompany the donation form.

**NAME ON CARD:** \_\_\_\_\_

Contact Person (if different from donor): \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**CREDIT CARD:**

American Express \_\_\_\_\_ Discover \_\_\_\_\_ Mastercard \_\_\_\_\_ Visa \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_

AMOUNT AUTHORIZED TO CHARGE: \_\_\_\_\_

COPY OF CREDIT CARD RECEIPT TO BE MAILED? Yes \_\_\_\_\_ No \_\_\_\_\_

By my signature below, I authorize the above referenced card to be charged for the amount specified. I understand that this transaction will be processed by Atlantic Animal Hospital & Pet Care Resort on behalf of C.A.R.E. and those funds will transferred to the Coastal Animal Rescue Effort. A copy of the credit card receipt will be sent to me in addition to my

SIGNATURE \_\_\_\_\_

*Thank you for your contribution: CARE is a charitable organization and exempt from taxation under Section 501(c)(3) of the IRS code. The Federal Identification Number is 45-2798086. Please make all checks payable to C.A.R.E.*

Please mail or fax a copy of this form to CARE, or call (910) 256-2624.

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