

SAMPLE CREDIT CARD AUTHORIZATION FORM

Yes, I wish to contribute \$_____ to the "**Name of Committee**"

Please circle one of the following credit card type and complete the information below

VISA

MASTERCARD

AMEX

DISCOVER

Contributor Name _____

Account Number _____

Expiration Date _____

(The maximum allowable contribution to a candidate for City elective office under local law is \$500 per person. Contributions from affiliated entities must be aggregated for the purpose of determining compliance with contribution limits.)

The following information in the bold fields is required under state and local law: (Please print legibly)

Contributor Name _____

Home Address _____

City _____ **State** _____ **Zip** _____

(Optional: Home Phone () _____ Business Phone () _____
Area Code Area Code

Occupation _____

Employer _____

(Contributors who give a total of \$100 or more must provide occupation/employer information. Contributors who are retired, homemakers or students should indicate this information for public disclosure purposes. Contributors who are self-employed must state the name of their business under employer information.)

I hereby authorize the "**Name Of Committee**" to charge my credit card the above amount as a political contribution.

Signature of Cardholder/Contributor _____

Date _____

Name of Committee
Address of Committee
City, State, Zip
Phone Number