NEAFCS 85th Anniversary Pin Purchase and Payment Authorization Form

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ I will pick up my Pin at the upcoming Annual Session

□ I will pay for shipping to have my Pin sent to me directly.

Shipping Address

**Items for which payment is authorized:**

|  |  |
| --- | --- |
|  | Special 85th Anniversary Pin is available in limited quantities. Purchase your pin today to add to your collection!  # of Pins \_\_\_\_\_\_\_\_\_\_ x $40.00 each = $\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Payment Method:**

ο Cash Amount $ \_\_\_\_\_\_\_\_\_\_\_\_

ο Check (payable to NEAFCS) Amount $ \_\_\_\_\_\_\_\_\_\_\_\_ Check Number \_\_\_\_\_\_\_\_

ο Credit Card Amount $ \_\_\_\_\_\_\_\_\_\_\_\_ Card Type

ο Add Shipping Amount $ \_\_\_\_5.00\_\_\_

**Total**  $ \_\_\_\_\_\_\_\_\_\_\_\_

**Credit Card Authorization:**

I authorize NEAFCS to debit my credit cards for the amount referenced above.

Name on credit card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit card number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Security Code \_\_\_\_\_\_\_\_\_\_

Billing address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email of the person on the credit card if different than above \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number of the person on credit card if different than above \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Person on the credit card:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*We will not process this payment without the signature of the person named on the credit card.*