

Credit Card Information:

Cardholder Name (as shown on card): _____

Card Type (circle): Mastercard / Visa / Amex / Discover / Other _____

Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ **CVC:** _____

Cardholder ZIP code (from credit card billing address): _____

The credit card processing fee is 3.5% + \$0.15. Totals for **dues only** are:

Regular Member : \$195 + \$8 = **\$203**

Association Life Member: \$128 + \$5= **\$133**

Dual Member: \$119 + \$5=**\$124**

If you are a regular member and also want to make a \$50 donation: \$195 + \$50 + \$9= **\$254**

Total: _____ **I authorize AAUW St Paul Branch to charge my credit card (one time use) for Branch dues and/or donations plus the processing fee.**

Cardholder Signature _____ **Date** _____

This form will be shredded after the information is processed.

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