

MD-20 credit card authorization

In order for us to charge your credit card, please fill out the authorization below.

Name as it appears on card: _____

Cardholder signature: _____

Card Number _____

Expires Month/Year: _____

Security code (3 digits) _____

Cardholder Address: _____

Cardholder e-mail address: _____

Total amount of charge \$ _____

Mail this completed from to:

**MD-20 Lions Clubs of NYS & Bermuda, Inc.
200 Gateway Park Drive, Building A
North Syracuse, NY 13212**