ALCOR LIFE EXTENSION FOUNDATION

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Alcor's Mission: The Preservation of Individual Lives

CREDIT CARD AUTHORIZATION FORM

Please fill out this form to give Alcor authorization to automatically charge your credit card for your membership dues and/or CMS charges.

NAME: _____ ALCOR ID: _____

ADDRESS: _____

_____

HOME PH: _____ ALT. PHONE: _____

EMAIL: _____

CARD TYPE: ☐ VISA ☐ DISCOVER
☐ MASTERCARD ☐ DINER'S CLUB
☐ AMERICAN EXPRESS

PAYMENT FREQUENCY: ☐ KEEP CURRENT FREQUENCY
☐ MONTHLY ☐ QUARTERLY
☐ SEMI-ANNUALLY ☐ ANNUALLY

BILLING PREFERENCE ☐ POSTAL MAIL ONLY ☐ EMAIL ONLY
☐ BOTH (POSTAL MAIL & EMAIL)

CARD NUMBER: _____ EXP:_____

NAME ON CARD: _____

I wish to have my credit card billed automatically and authorize Alcor Life Extension Foundation to charge the above credit card.

SIGNATURE: _____