



# LINDENHURST MOOSE LODGE 1421

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President: Theresa Restivo

Administrator: Christopher J. Ahlers

## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us.  
This authorization will remain in effect until cancelled.

### **Credit Card Information**

1

**Card Type:**  MasterCard

Visa

**Cardholder Name**

(as shown on card):

\_\_\_\_\_

**Card Number:**

\_\_\_\_\_

**Expiration Date**

(mm/yy):

\_\_\_\_\_

**Card CVV Number:**

\_\_\_\_\_

**Cardholder ZIP Code**

(from billing address):

\_\_\_\_\_

I, \_\_\_\_\_, authorize **Lindenhurst Moose Lodge 1421** to charge my credit card above for agreed upon purchases.

*Please return completed / signed form to the Lodge Administrator for processing*

*Lindenhurst Moose Lodge 1421, PO Box 535, Lindenhurst, NY 11757*