



# 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

**Card Type:**

☐ MasterCard

☐ Visa

**Cardholder Name**

(as shown on card):

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**Card Number:**

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**Expiration Date**

(mm/yy):

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**Card CVV Number:**

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**Cardholder ZIP Code**

(from billing address):

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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*