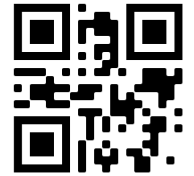


# Attention Injured Workers and Supporters!

Has your medical care been unfairly denied?  
Are your Workers' Comp benefits being slashed?  
Do you want to have a voice in Sacramento?

***If yes, then join us!***

***Together we can take back our rights!***



For more information on becoming a member visit

[www.viaw.org](http://www.viaw.org)

**ANNUAL DUES**

0 / \$25 Injured Workers

\$35 Family Membership

\$25 Associates

**SUPPORTERS**

**BRONZE \$250-\$499 SILVER \$500-\$999 GOLD \$1000-\$4999 PLATINUM \$5000-UP**

all payments can also be made online at [www.viaw.org](http://www.viaw.org)

### Credit Card Payment Authorization

- RECURRING CHARGE** - You authorize regular scheduled charges to your credit card. You will be charged the amount indicated below at the payment plan of your choice. A receipt for each payment will be provided to you by email. You agree no prior-notification will be provided unless the date and amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I \_\_\_\_\_ authorize *VotersInjuredatWork.org* to charge my credit card below for \$\_\_\_\_\_ beginning on \_\_\_\_\_ (Date) \_\_\_\_\_ every month | \_\_\_\_\_ yearly

- ONE (1) TIME CHARGE** - You authorize the merchant to make a one-time charge to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrecalled debits or credits to your account.

I \_\_\_\_\_ authorize *VotersInjuredatWork.org* to charge my credit card for \$\_\_\_\_\_ on \_\_\_\_\_ (Date)

**Join Voters Injured at Work as a member and support the fight! No payment necessary for low income.**

#### Contact Information

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

#### CREDIT CARD INFORMATION

Cardholder's Name \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ CVV \_\_\_\_\_ Zipcode \_\_\_\_\_

INDIVIDUAL'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_