



## CREDIT CARD AUTHORIZATION FORM

**FAXED OR E-MAILED FORMS ARE NOT ACCEPTED!**

Type of Card:      Visa              Mastercard              Amex

Card Number:

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Expiration Date:

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Security Code:

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Amount to be Charged:

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Name : \_\_\_\_\_  
(as it appears on the credit card)

Name of Company:

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Authorized Signature:

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*The American Diabetes Association will accept payments by credit card, check or cash. Payments made by wire transfer should include an additional \$50 to offset wire fees. Any other form of payment may incur an additional fee. Please contact us for further information.*

Please mail to:      **The American Diabetes Association**  
                                 **PO Box 418805**  
                                 **Boston, MA 02241-8805**

***Courier or Overnight Delivery Only:***      **Bank of America**  
   **Merrill Lynch Lockbox Service**  
   **Lockbox 418805, MA5-527-02-07**  
   **2 Morrissey Blvd.**  
   **Dorchester, MA 02125**

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**American Diabetes Association Federal Tax ID #131-623-888**

***Questions? Call 856-302-0887***