



CREDIT CARD AUTHORIZATION FORM

FAXED OR E-MAILED FORMS ARE NOT ACCEPTED!

Type of Card: Visa Mastercard Amex

Card Number:

Expiration Date:

Security Code:

Amount to be Charged: \$.00

Name : _____

(as it appears on the credit card)

Name of Company:

Authorized Signature:

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

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

Questions? Call 856-302-0887