



# AHEPA CREDIT CARD AUTHORIZATION FORM

Chapter No. \_\_\_\_\_ District No. \_\_\_\_\_ Membership No. \_\_\_\_\_

Name			
Address			
City		State	Zip
Daytime Phone		Home Phone	
E-Mail Address			

Payment is for:

AHEPA Veterans Medals

\_\_\_\_\_ Medals x \$20.00 = \_\_\_\_\_

Total Amount Authorized \$ \_\_\_\_\_

**Method of Payment:**  Visa  MasterCard  Discover  Amex

Card Number	
Expiration Date	
CVV (Security) #	

<b>Signature</b>	<b>Date</b>
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Name as appeared on the card if other than your name	
Credit card billing address if other than the address listed above	

**Please mail to:**  
1909 Q Street, NW, Ste 500, Washington, DC 20009  
Fax (202) 232-2140 / Email: [rory@ahempa.org](mailto:rory@ahempa.org)

*If you have any questions please feel free to call us at (202) 232-6300 or visit our website [www.ahempa.org](http://www.ahempa.org) for general information, updates on events, merchandise supplies.*