



SRI LANKA MUSLIM ASSOCIATION OF CALIFORNIA

JANAZA FUND PROGRAM

FOR SRI LANKAN MUSLIMS AND THEIR FAMILIES LIVING IN SOUTHERN CALIFORNIA
PRESENTED BY THE SRI LANKA MUSLIM ASSOCIATION OF SOUTHERN CALIFORNIA (SLMAC)

Credit/Debit Card Authorization Form

I, _____
First Middle Last Name

___ As an Individual cardholder, I hereby authorize this card to be used by Central Payment Corporation towards my/our donation to the SLMAC Janaza Fund Program only.

___ As the company representative, I hereby authorize this card to be used by Central Payment Corporation towards my/our donation to the SLMAC Janaza Fund Program only.

Credit Card Information

Full Name as it appears on the Card: _____

Type of Card: ___ VISA ___ MASTERCARD ___ DISCOVER ___ AMERICAN EXPRESS ___ DEBIT CARD

Credit/Debit Card Number : _____ - _____ - _____ - _____ Expiration Date: _____ / _____

Security Code BACK of Visa OR MasterCard (3 digits): _____ Security Code FRONT of Amex Card (4 digits): _____

Credit/Debit Card Billing Address Street: _____

City: _____ State: _____ Zip Code: _____

Telephone Home : (____) _____ - _____ Telephone Cell : (____) _____ - _____

Email of Primary: _____

I hereby authorize this card to be used for the following individuals and amounts:
(Applies to unmarried child under 21, living full-time and fully dependent on parents. Exceptions may apply under special circumstances)

	Monthly	Quarterly	Annually	Other (specify)
Primary _____	\$25.00	\$75.00	\$300.00	_____
Spouse _____	\$18.00	\$54.00	\$216.00	_____
Child 1 _____	\$8.00	\$24.00	\$96.00	_____
Child 2 _____	\$8.00	\$24.00	\$96.00	_____
Child 3 _____	\$8.00	\$24.00	\$96.00	_____
Child 4 _____	\$8.00	\$24.00	\$96.00	_____
Total Amount due Monthly, Quarterly or Annually):	_____	_____	_____	_____

Please specify deduction method : ___ Monthly ___ Quarterly ___ Annually ___ Other (Specify) _____

Signature of Credit Card Holder: _____ Date: _____

