Martin County NAACP
Post Office Box 41
Stuart, Florida 34994
(772) 600-5784
Jimmy Smith, President
Annita McKnight, Secretary



Credit Card Payment Authorization Form

Sponsorship Levels:	Diamond:	Platinum:	_ Gold:	_ Other:
Last Name	Middle	First	·····	
Email Address	Primary Phone Number			
** Please list your pay in to ensure accuracy.		and information	n below. Doul	ble check before turning
Credit Card Number: _	Approved payment amount:			
Mailing Address associa	ted with credit	card:		
(Mailing)	City/State	Zip C	ode	
Card Number:				
Exp Date: /	CVV:			
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				sion for electronic billing. ry holder for this acoount.
Payee Signature		Date		
Branch Secretary/Treas	urer Signature	 Date		





