



CREDIT CARD AUTHORIZATION FORM

DATE	
MEMBER NAME	
COMPANY NAME	
CREDIT CARD BILLING ADDRESS	
CITY/STATE/ZIP CODE	
CREDIT CARD NUMBER	
PAYMENT TYPE	
EXPIRATION DATE	
CARD SECURITY CODE*	
TELEPHONE NUMBER	
EMAIL ADDRESS	
AMOUNT CHARGED**	

THE NAME ON THE ABOVE CREDIT CARD MUST MATCH THE NAME OF THE PERSON AUTHORIZING CHARGES.

I, _____ (please print) authorize COMMON GROUND ALLIANCE to charge the above credit card for the amount stated above.

Cardholder's Signature

PLEASE FILL OUT & FAX, EMAIL OR MAIL THIS FORM TO:

**CGA
1421 PRINCE STREET, STE 410
ALEXANDRIA, VIRGINIA 22314
FAX: 309-407-2244 PHONE: 703-836-1709
EMAIL: accounting@commongroundalliance.com**

***IF USING MC OR VISA PROVIDE 3 DIGIT NUMBER ON BACK OF CARD**

***IF USING AMEX PROVIDE 4 DIGIT NUMBER ON FRONT OF CARD**

****CHARGES WILL APPEAR AS PAYPAL INC ON YOUR CREDIT CARD STATEMENT**