



ICAIEF CREDIT CARD DONATION FORM

This form gives the ICAEF authorization for the credit card charges listed below:

Amount of Donation: _____

Credit Card Number: _____

Cardholder Name: _____

Company Name: _____

Expiration Date: _____ Security Code: _____

Email: (send receipt to): _____

Billing Zip Code: _____

Cardholder Phone#: _____

I AGREE TO PAY THE ABOVE TOTAL AMOUNT ACCORDING TO CARD ISSUER AGREEMENT.

Authorized Cardholder Signature: _____

Please mail completed form to ICAEF, 8711 E. Pinnacle Peak Road, #104,
Scottsdale, AZ 85255

Or fax to 480-513-3207. This is a secure fax line.

Questions? Call Corinne at ICAEF HQ 480-513-0756 (Arizona time)