



PLEASE COMPLETE THIS AUTHORIZATION FORM AND RETURN TO US.

All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

City, State, Zip: _____

Credit Card Type: VISA MASTERCARD

Credit Card Number: _____

Expiration Date: _____

Amount to Charge: \$ _____

I authorize the Fort Ross Conservancy to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print name, sign and date below.

Signature: _____

Once signed please scan and email the form to info@fortross.org.

Thank you.