



Zoroastrian Association of Metropolitan Chicago
8615 Meadowbrook Dr
Burr Ridge, IL 60527
(630) 789-1983
www.zac-chicago.org

CREDIT CARD AUTHORIZATION FORM

I _____ hereby authorize the Zoroastrian Association of Metropolitan Chicago to charge the below mentioned credit card for the dollar amount specified. This dollar amount is for:

Membership for year _____

Donation for Fund: _____

Amount to be charged: _____

Credit Card Type (circle one): Visa MasterCard Discover

Account Number: _____ Exp Date: _____

Name on Credit Card: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Special instructions for donations: _____
