



TEAM ALABAMA/NATIONAL KIDNEY FOUNDATION OF ALABAMA  
CREDIT CARD AUTHORIZATION FORM

I authorize the National Kidney Foundation of Alabama to charge my credit card for payment of \_\_\_\_\_ in the amount of \_\_\_\_\_.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Type of Card: AMEX Discover Visa MasterCard CIRCLE ONE

Print Cardholder's name as appears on card: \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ CID# \_\_\_\_\_  
(CID last 3 digits on back of card, AMEX has 4 digits printed on front)

Billing address for Card: \_\_\_\_\_

Phone number attached to  
Card: \_\_\_\_\_

Please email this to Jim Simons at [catfish309@aol.com](mailto:catfish309@aol.com)

Or if you are more comfortable faxing information please fax directly to the National Kidney Foundation of Alabama—attention Barbara Jackson at 334-396-9872. Please be assured that information will be shredded after use.