



Date: \_\_\_\_\_

WATER EDUCATION  
FOUNDATION

2151 River Plaza Dr, Suite 205, Sacramento, CA 95833 | Office: 916-444-6240 |

Federal Tax ID # 94-2419885

**Credit Card Authorization Form**

Event: \_\_\_\_\_

Name(s): \_\_\_\_\_

Title(s): \_\_\_\_\_

Organization: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

Amount to be paid: \$ \_\_\_\_\_ Email receipt?  Yes  No

Name on card: \_\_\_\_\_

For payment by  Visa  MasterCard  American Express

Credit Card Number: \_\_\_\_\_

Authorization Code: \_\_\_\_\_ (3-4 digits on back of card) Exp. Date: \_\_\_\_\_

Billing zip code: \_\_\_\_\_

By checking here, you are authorizing Water Education Foundation to make a one-time payment in the amount specified on the designated card above.

Signature: \_\_\_\_\_