# FARA | Friedreich's Ataxia Research Alliance

## FARA DONOR CREDIT CARD AUTHORIZATION
(all items must be completed)

Cardholder's name (exactly as it appears on card):

_____

Type of Credit Card (**VISA, MC, American Express only**) _____

Cardholder's credit card # _____

Card expiration date _____

Security Code (last 3- digits on back of card)_____

Cardholder's billing address:

Street _____

City _____

Zip Code _____

Amount Authorized _____

Cardholder's Signature _____

Date _____

Phone number and/or email address (will **only** be used to notify cardholder if there is a problem with this transaction):

Designation (e.g. a specific memorial, fundraiser, in honor of an individual) _____

_____

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