



CREDIT CARD AUTHORIZATION FORM

*Complete and return to the:
New Mexico Military Institute
Office of Alumni Relations
101 West College Boulevard
Roswell, NM 88201-5173*



I hereby authorize the NMMI OFFICE OF ALUMNI RELATIONS to process my membership donation to NMMI OFFICE OF ALUMNI RELATIONS by charging the () Visa or () Mastercard or () Discover Card indicated below. **I am a signor on the account indicated below.**

Visa Card/Mastercard /Discover Card Number:

Expiration Date: _____ CVV # _____

Name as it appears on the credit card: _____

Mailing address as it appears on the credit card statement:

Amount to charge for my Membership Donation: _____

I want the above amount to be charged on a () Monthly, () Quarterly, or () Annual basis.

Begin charges on: Month: _____ Year: _____

If you want your gift to be increased by \$1 per month on 1 July of each year, sign below:

SIGNATURE: _____

The OFFICE OF ALUMNI RELATIONS will schedule all charges for the 20th of each month. This authority will remain in effect until the OFFICE OF ALUMNI RELATIONS has received written notification from me of its termination in such time and in such manner as to afford the OFFICE OF ALUMNI RELATIONS thirty (30) days to act.

Signature: _____

Email: _____

Date: _____ Daytime Telephone: _____

SPECIAL NOTE: Please contact the company/bank that issued your credit card and let them know that a monthly recurring charge will appear on your account each month. This will help the company process the charges without interruption.