



Exotic Wildlife Association

Political Action Committee

Sustaining & Contributing PAC Authorization Form

Date: _____

One Time PAC Donation
Amount: \$ _____

Recurring PAC Donation
Amount: \$ _____

Your credit card will be charged the above amount on the 15th of each month, until cancelled.

Method of Payment: (check one)

Cash

Credit Card

Check

Credit Card Number: _____

Expiration: _____ CVV: _____

Signature: _____

Customer Billing Information (due to PAC rules all billing information MUST be completely filled out)

First Name _____ Last Name _____

Ranch/Business Name _____

Occupation _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

****** In signing this form you understand that this authorization will remain in effect until you cancel in writing (email or regular mail) at least 30 days prior to the next billing date. You also agree to notify EWA in writing (email or regular mail) of any changes in your account information at least 30 days prior to the next billing date.***