

One Time Credit/Debit Card Authorization Form

Member Name _____

Address _____

City, State, Zip _____

Telephone Number _____

E-Mail Address _____

Social Security Number _____

Occupation _____

Employed By _____

Local Association _____

I authorize Georgia Association of Educators Fund for Public Education (GAE-FPE) to initiate a debit entry to my credit/debit card, to debit the same to such credit/debit card for the purpose of making a contribution to GAE-FPE. I will not hold my BANK liable for any erroneous debits made by GAE-FPE. My BANK shall deduct from my designated credit/debit account and pay such amounts to GAE-FPE pursuant to this authorization.

I understand that a contribution to GAE-FPE is voluntary and is not a condition of membership in NEA/GAE/LEA.

Card Type:	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD
Card Number	_____ / _____ / _____
Expiration Date	_____
Contribution Amount (\$10 minimum)	_____

Platinum Club - \$200.00 Diamond Club - \$100.00 Gold Club - \$60.00 Silver Club- \$30.00

Signature (Required) _____ **Date** _____

Email completed form to gr@gae.org