



Temple of Set

Credit Card Payment Authorization

I hereby authorize a membership fee of \$100 to be charged to my (check one): **Visa** **MasterCard**

Credit Card Information:

Print name exactly as it appears on Card: _____

Card Number: _____ Expiration Date: _____

CCV/Security (3 digits on the back of the card): _____

Signature: _____ Date: _____

Please send this form by Postal Mail to:

Temple of Set
c/o Executive Director
P.O. Box 470307
San Francisco, CA 94147 USA