

Payment Authorization

Fax Completed form to: 650-898-1582

Check Payments: Mail Order form and check to: LTGF, 1321 N. Carolan Avenue, Burlingame, CA 94010

Date: _____

Non-Profit Status: _____

Organization Placing Order: _____

Address of Organization: _____

Contact Person: _____ Position: _____

Contact Phone #: _____ Email: _____

Delivery Address: _____

Form of Payment: Check Enclosed (preferred payment method) Mastercard Visa American Express
Check payable to: Legacy Through Giving Foundation

Name on Card: _____
Exact name as it appears on the card

Credit Card #: _____

Exp. Date: _____ Security Code: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone #: (_____) _____ - _____ Email: _____

Authorized Amount: \$ _____ Purpose of Charges: **Wine Order**

Wines are to be used for the following event(s): _____

Date(s) of Event: _____

We understand that it is the responsibility of the NPO using the wines to obtain the required license(s) and/or permit(s) for each event as defined by the Alcoholic Beverage Control (ABC).

_____ initial

I certify that I am the authorized holder and signer of the credit card reference above.
I certify that all information above is complete and accurate.

I hereby authorize collection of payment for all charges as indicated above.
Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" field.
I understand this is only for up to this amount for the "PURPOSE OF CHARGES" referenced above.
If additional charges are going to be authorized a new form will have to be completed.

Signature _____ Date _____
Position & Affiliation with NPO: _____

Process by: _____ (internal Use)