



TEMPLE OF SET

Credit Card Payment

I hereby authorize the following fees to be charged to my (check one): Visa MasterCard

For the following (check all that apply):

Membership Fee

Credit Card Information:

Print name exactly as it appears on card: _____

Card Number: _____ Expiration Date: _____

CCV/Security (*3 digits from back of card*): _____

Signature: _____ Date: _____

Send this form by postal mail to:

Temple of Set

c/o Executive Director

POB 470307

San Francisco, CA 94147

USA