



NOA PAC Donation Payment Options

Suggested Contribution - \$85/month - \$1,000 a year

If you would like to make your NOA PAC contribution via recurring monthly credit card payments, simply complete the authorization below, sign and fax to the NOA for processing. NOA PAC dues will be processed on the last day of each month.

To submit: Fax to the NOA at (702) 974-4446

Doctor Name: _____ Phone: _____
Email: _____

Payment Information - I authorize NOA PAC to automatically bill the card listed below each month:

Amount: \$ _____

NOA PAC accepts the following credit cards: Visa, Master Card, American Express

Credit card type: _____ Credit card number: _____ Expires: _____
 Visa MC Amex _____ / _____

Cardholder's name as shown on card: _____ Security Code on back of card: _____

Billing address for card:

Street: _____ City: _____

Zip Code: _____ State: _____

Customer's signature: _____ Date: _____

All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. This recurring payment option remains in effect until notified in writing to cancel this automatic billing authorization. Send cancelation notices to the NOA.

OR Mail your check made out to NOA PAC to:

Nevada Optometric Association

PO Box 3022

Reno, NV 89505