



## 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: Email [terri@nvoptometric.com](mailto:terri@nvoptometric.com) OR fax to (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

1344 Disc Drive #185

Sparks, NV 89436