



PENNSYLVANIA
society of
ANESTHESIOLOGISTS

Credit Card Authorization (Visa or Master)

This must be a personal card. Corporate Cards **are not** permitted by law.

Name _____

Address _____

City, State, ZIP Code _____

- Diamond Circle \$2,000
- Platinum Circle \$1,000
- Gold Circle \$500
- Keystone Circle \$350
- Ben Franklin Club \$250
- Resident \$25
- Contributor \$ _____

I authorize the following \$ _____ charge

monthly, quarterly, or annually (circle one) Visa or Master Charge (circle one)

The Account number _____ Expiration date _____

The three digit security# on the back signature panel is _____

The Name as it appears on the card is

_____ Printed

_____ Signed

Date _____

Mail to:

Z-PAC

PO Box 823

Harrisburg, PA, 17108-0823

Fax to: (717) 232-1544

Call PSA Hotline: 800-822-6789

Contributions are not deductible for income tax purposes. Participation in Z-PAC is voluntary.