# AMETHYST FOUNDATION, INC.

## MASTERCARD/VISA/AMERICAN EXPRESS VALIDATION FORM

**Please fill in this form completely and return it to this agency at the address below as soon as possible. Be certain to indicate the full name of the person for whom this payment is being made.**

_____ _____

**Type of Card** **Card Number**

_____ _____

**Expiration Date** **Three digit # back of card**
**Four digit # front of AE card**

**I, _____ , agree to accept full**
**Full Name of Cardholder (Please Print)**

**full responsibility for charges in the amount of _____ made for**
**Amount**

_____
**Name of Client (Please Print)**

_____ _____

**Signature of Cardholder** **Date**

_____
**Cardholder Address Street**

_____
**Cardholder Address City, Zip Code**

_____ _____

**Signature of Client** **Date**

**120 Hedding Road Epping, NH 03042 (603) 679-2100 (800) 327-1114**
**FAX (603) 679-5869**