

# Georgia Association of Criminal Defense Lawyers

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## 2022 GACDL CREDIT CARD FORM

Date of charge: \_\_\_\_\_

Name on card: \_\_\_\_\_

Name if different from name on credit card:

\_\_\_\_\_

Amount of purchase: \_\_\_\_\_

Convenience fee: \_\_\_\_\_ Total: \_\_\_\_\_

Purpose: \_\_\_\_\_

Circle one: Visa    Mastercard    Discover    Amex

Credit Card#: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV# \_\_\_\_\_

Payment Receipt Email: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

I agree to pay GACDL the amount above for the purpose above by credit card:

Signature: \_\_\_\_\_

GACDL Internal use only: Date Processed _____ Initial _____ Phone Order _____
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