



Help Keep NAIFA Central Valley Vibrant

We are asking for your support to help bolster NAIFA Central Valley so that we may continue to serve those in the insurance and financial services.

In appreciation for your monthly sponsorship fee we would like to recognize you by including your name and/or business card ad on our website, emails, newsletters, flyers, etc.

YES, I would like to be a NAIFA Central Valley Sponsor

Name _____ Company _____

Address _____

Phone _____ Email _____

AUTHORIZATION AGREEMENT FOR MONTHLY DEBIT/CREDIT CARD PAY

\$50 per month drafted on the 5th of the month beginning the month following receipt of this form.

Today's date _____

I hereby authorize NAIFA Central Valley, to initiate debit/charges to my:

MasterCard ____ Visa ____ American Express ____

This authorization is to remain in full force and effect until NAIFA Central Valley has received written notification from me of its termination. Written notification must be received by NAIFA Central Valley by the last business day of the month to avoid a draft/charge for the following month.

CreditCard# _____ Exp _____ CVV _____ BillingZipCode _____

Card Holder Name _____ Signature _____

- OR -

ANNUAL PAYMENT

\$600

Check ____ MasterCard ____ Visa ____ American Express ____

CreditCard# _____ Exp _____ CVV _____ BillingZipCode _____

Card Holder Name _____ Signature _____

Please return to:

NAIFA Central Valley, 15 S. Rose St, Lodi, CA 95240 • www.naifacentralvalley.org
(209) 339-4651 • Fax: (209) 339-4651 • kimmetz@naifacentralvalley.org