National Alliance of Wound Care and Ostomy®

Credit Card Authorization Form

I, _____, hereby authorize the National Alliance of
(Name exactly as it appears on card)
Wound Care and Ostomy® to charge my credit card account for the amount of $19.99 for each of the selected NAWCO Certification Pin(s). Please indicate below which pin(s) you wish to purchase.

___ WCC ___ AWCC ___OMS ___ DWC ___ NWCC ___WPC

❑ Visa ❑ MasterCard ❑ American Express TYPE OF CARD

Credit Card Number _____-_____-_____-_____

Expiration Date _____/_____ Security Code* _____
*3-digit code found on signature strip at the end of a series of numbers. Amex is 4 digits.

Credit Card Billing Address: (Address where cardholder receives bill)

Street: _____

City:_____ State_____ ZIP:_____

Phone: (_____) _____-_____ Email: _____

SIGNATURE: _____Date: _____

Shipping Address if different from billing address:

Street: _____

City:_____ State_____ ZIP:_____

Complete this form and fax it back to our secure fax 1-800-352-8339