



Donation \$1000.00 ___ other \$_____ (please enter amount)

Method of Payment (Please Check One) Check enclosed Bill me now Bill me quarterly

MasterCard Visa American Express Diner's Club Discover

Card Number _____ Expiration Date ____/____

Company _____

Cardholder's Name (as it appears on card) _____

Cardholder's Billing Address _____

City _____ State _____ Zip Code _____

Telephone (_____) _____ E-mail _____

Cardholder's signature _____ Date _____

Please make checks payable to Metal Finishing Association of California and send completed form to:

MFASC

P.O. Box 6547

Burbank, CA 91510

Email: admin@mfaca.org

Fax: (818) 238-9592