SAR Society of Abdominal Radiology

The SAR Fund

CHARGE AUTHORIZATION FORM

Please complete the following form and submit as listed below.
Acknowledgement of your contribution will be sent to the email on file, or to the email provided (non-members only).

MASTERCARD ☐ **VISA** ☐ **AMER EXP** ☐ **DISCOVER** ☐

ACCOUNT NUMBER

EXPIRATION DATE

CSID # (3-4 digits on back/front of card)

$

AMOUNT

The SAR Fund

DESCRIPTION

NOTES (In Honor of)

PRINT NAME AS IT APPEARS ON CARD

AUTHORIZED SIGNATURE

EMAIL (Non-members Only)

BILLING ADDRESS (Street, City, State, Zip)

Please return this form by email reply or fax to 713-960-0488

SAR c/o International Meeting Managers
4550 Post Oak Place, Suite 342
Houston, TX 77027
713-965-0566 ph | 713-960-0488 fax
admin@abdominalradiology.org

Society of Abdominal Radiology • Tax ID No. 36-3032116