



I authorize MNCASA to charge my credit card the following amount: \$ _____

For (name of event, product, etc.): _____

Name on Card: _____

Card Number: _____

Expiration Date: _____ CVV: _____

Cardholder Name (please print): _____

Cardholder Signature: _____ Date: _____

Please return this form to Megan McKinnon by fax at 651.209.0899 or mail to:

MNCASA
161 St. Anthony Avenue
Suite 1001
St. Paul, MN 55103

THANK YOU!