

Self-Insurance Guaranty Funds of America

To Educate, Share, Develop, Advocate & Promote

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2025 Credit Card Authorization

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Email: gdavis5@windstream.net

Type of Credit Card: (Circle One) VISA MasterCard Discover American Express

Payment Amount in US Dollars: \$ _____

Card Number: _____

Expiration Date: (MM/YYYY) _____ CVV Code: _____ Zip Code: _____

Reason For Payment: _____

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Please submit a separate form for each payment.

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