



Ashes on the Sea

"Helping families fulfill their desires for a Memorial Service at sea."

Credit Card Authorization Form

NAME ON CARD: _____

BILLING ADDRESS: _____

CARD TYPE: _____ VISA / MASTERCARD / AMEX _____

CARD # _____

EXPIRATION DATE: _____

AMOUNT AUTHORIZED: \$ _____

Signature of Person Named on Card

Date

Please mail or fax this information to us as soon as possible.

Fax to: 858-277-9578

Mail to: PO Box 710693, San Diego CA 92171

Phone: 858-277-2799 **Fax:** 858-277-9578 **Address:** P.O. 710693, San Diego CA 92171
www.ashesonthesea.com