

CREDIT CARD AUTHORIZATON

For WINE ROAD Yearly Assessment

Name on card				
Visa/ MC				
AmEx	/	/	S	ecurity
Expiration Date _	/	Zip Code fo	or card	
SIGNATURE				
LODGING Nam	e:			

- Scan and email to Beth@wineroad.com
- Or Mail to this form or a check to: PO Box 46, Healdsburg, CA 95448