# Join the Daven Lore Wine Club!



Ambassador Sampler Red Only *SPRING* *FALL*

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| Member Information |
|  |
| Name: |   |
| Address: |  |  |  |
| Start Date: |  |  |  |
| Email: |  |
| Phone: |  | Gift Membership? |   |
|  |
| Office Use: Shipping Instructions, Notes, preferences  |
|  |
| Generally: Ship UPS Pick-Up Both Other(Bonnie’s) Gift □ TY □ |
| Recurring Payment Authorization |
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| I authorize DavenLore Winery to automatically bill the card listed below for wine club renewal membership fees of $\_\_\_\_\_\_\_ once annually in the Spring/Fall. Beginning: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ and ending on: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_.Card Type: MasterCard Visa American Express Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cardholder Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Billing Zip Code: \_\_\_\_\_\_\_\_Card number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expires: \_\_\_\_\_/\_\_\_\_\_□ Notify me via email when my credit card is charged (make sure address above is correct) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cardholder’s Signature Date |
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