



# STAPLETON ELDER LAW

*Guiding You Through The Journey Of Your Senior Years*

## *The Client and Family Care Plan*

### RENEWAL FORM 2021

I/we, \_\_\_\_\_, has/have chosen to renew my/our membership in CFCP for \_\_\_\_ year(s) beginning on 01/01/2021.

Dues are \$495 per year. To ensure there is no interruption in your membership, please return this renewal form with your payment by 01/01/2021.

A check is enclosed for \$495.00

Please charge my credit card for \$495.00 (see authorization below)

I give permission for my credit card to be charged one time for \$495.00

Please charge this and future renewal payments to my credit card.  
Should I wish to cancel in the future, I understand I must do so by 12/01.

**Please sign below indicating you have seen and agree to the terms above:**

\_\_\_\_\_  
STAPLETON ELDER LAW

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CLIENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CLIENT

\_\_\_\_\_  
DATE

### **Credit Card Authorization** (please print)

Cardholder Name (as it appears on the card): \_\_\_\_\_

Billing Address: \_\_\_\_\_

Credit Card Type:     Visa         Mastercard         Discover         American Exp

Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CID: \_\_\_\_\_

I authorize Stapleton Elder Law to charge \$495.00 to the credit card provided. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Signature of Cardholder: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_