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## CREDIT CARD CHARGE FORM

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

PERSON GIVING INFO: \_\_\_\_\_

ORGANIZATION NAME: \_\_\_\_\_

CARDHOLDER'S NAME: \_\_\_\_\_

CARD TYPE: Amex / Discover / Mastercard / Visa

CARD NUMBER: \_\_\_\_\_

EXP DATE: \_\_\_\_\_ CVC/CID CODE: \_\_\_\_\_  
(4 digits on front for Amex, 3 digits on back for others)

ADDRESS FOR CARD: \_\_\_\_\_

CITY, STATE, & ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ WANT EMAIL CONF ? Y/N

EMAIL: \_\_\_\_\_

AMOUNT CHARGED: \$ \_\_\_\_\_

PAYING FOR (INVOICE #): \_\_\_\_\_

**This form may be submitted by email, phone, or mail to the address below:**

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