SCRIP CREDIT CARD PAYMENT FORM

Name: _____ Phone #: _____

Address: _____

ORDER PAID BY CHECK? TOTAL AMOUNT PAID _____ CHECK # _____

CREDIT CARD INFORMATION

__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ (__ __ __ __)
CREDIT CARD NUMBER CODE ON BACK OF CARD

__ __ / __ __ __ __ __ __ __ __ __ VISA MASTERCARD DISCOVER AMEX
EXPIRATION DATE CARDHOLDER'S ZIP CODE CIRCLE ONE OF THE ABOVE

_____
CARDHOLDER'S NAME (PLEASE PRINT)

_____
CARDHOLDER'S SIGNATURE

Your order will be sent home through the weekly envelope on Thursdays unless you e-mail a request to Jacque Bourke at bourkefamily@comcast.net to make arrangements for a pick-up.