

Credit Card Payment Information Record

Payment for: _____

Amount: _____

M/C or VISA: _____

Credit Card Number: _____

Expiry date (yy/mm/dd): _____

CIV (3 digit # on back): _____

Email address
(for transaction receipt): _____

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For tax receipt purposes:

Name: _____

Mailing Address: _____

Phone number: _____

Thank you!

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For Office Use Only:

Date Processed: _____

Received by: _____

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