

# 7HGC CREDIT CARD PAYMENT

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

DATE: \_\_\_\_\_ PAYMENT FOR: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SCHOOL PHONE: \_\_\_\_\_ SCHOOL FAX: \_\_\_\_\_

ADVISOR NAME: \_\_\_\_\_

ADVISOR EMAIL: \_\_\_\_\_ ADVISOR CELL #: \_\_\_\_\_

AMOUNT OWED: \_\_\_\_\_

ADD 4% CREDIT CARD FEE: \_\_\_\_\_

TOTAL AMOUNT TO BE CHARGED TO CARD: \_\_\_\_\_

PAYMENT METHOD:

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

CCID#: \_\_\_\_\_

EXPIRATION DATE:

CARD HOLDER NAME: \_\_\_\_\_

IF YOU SELECTED "CONTACT FOR CREDIT CARD INFORMATION" AS THE PAYMENT METHOD,  
PLEASE PROVIDE CONTACT INFORMATION:

CONTACT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

---