

Wisconsin Northern Michigan District School of Ministry Credit Card Payment Form

* Required information for credit card processing

* Name (first and last):

* Mailing Address:

* City, State, Zip:

* Daytime Phone:

*Evening Phone:

* Email:

CREDIT CARD PAYMENT INFORMATION:

Type of Card: _____ MasterCard _____ VISA

Name as on credit card:

Card #:

Expiration Date:

Security Code [v-code] (back of card):

I authorize the charge of \$ _____ (DSOM fee) + \$3.00 processing fee to my credit card.

SIGN HERE X _____

DATE: _____

**PLEASE FAX THIS FORM TO: 715.258.0408 (ATTN: Dawn)
OR
mail to: DSOM, P.O. Box 309, Waupaca, WI 54981**