Newfoundland & Labrador Association of Social Workers

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Credit Card Payment Form

Name

Mailing Address

City/Town Province Postal Code

1. Payment Method: ☐ Visa ☐ MasterCard
2. Card Number: _____ / _____ / _____ / _____
3. Card Expiry Date: _____ / _____
   Month Year
4. Amount Authorized: _____
5. Name as it appears on the card: _____
6. Signature of cardholder: _____

Please:

- Do not send this form twice (i.e. by fax and by mail).
- Do not provide the security code on the back of your card.

Office Use Only:

Date: _____

Amount: $ _____