

ST. STEPHEN'S EPISCOPAL CHURCH

CREDIT CARD PAYMENT REQUEST

For Office Use Only

ENV # _____

Date Received _____

Date Processed _____

Approval Code _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

SECURITY CODE: _____

AMOUNT TO CHARGE: _____

TO BE APPLIED AS FOLLOWS:

2007 EMC _____

2008 EMC _____

2007 VISION FUND _____

2008 VISION FUND _____

MEMORIAL GIFT _____

OTHER - PLEASE SPECIFY:

COMMENTS _____
