



PILGRIM
Center of Hope

(Optional) Credit Card Form

Thank you for leading and registering a group for the Catholic Men's Conference!

THIS FORM IS FOR YOUR (1) TOTAL GROUP PAYMENT by a credit card.
Multiple payments for a group cannot be processed.

OFFICE USE ONLY - D/T Sub.



GROUP LEADER:

GROUP RELATIONSHIP:
ACTS, Bible Study, Parish, etc.

TOTAL MEMBERS <input type="text"/> x \$50 = \$ <input type="text"/>	+	TOTAL POLO SHIRTS <input type="text"/> x \$30 = \$ <input type="text"/>	+	TOTAL T-SHIRTS <input type="text"/> x \$20 = \$ <input type="text"/>	=	TOTAL PAYMENT AMOUNT \$ <input type="text"/>
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NAME *as appears on card*

CARD # *Circle: VISA MasterCard Discover*

PHONE *Circle one: Home / Cell / Work*

EXP. DATE **SECUR. CODE**

EMAIL *Does not have email*

SIGNATURE

ADDRESS

CITY / STATE / ZIP