



Credit Card Payment Form

Name: _____

Payment for: LDAC Program Donation
(List program or item)

Method of Payment:

Visa MasterCard American Express Discover

Total Amount: \$ _____

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone: _____

Card #: _____

Expiration Date: _____ CID #: _____

Cardholder Signature: _____

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