

St. Helen Catholic Church

Visa * Mastercard * Discover

Date _____

Name on credit card _____

Daytime phone number _____ or _____

Credit Card Number _____

Credit card expiration _____ 3 digit code on back of card _____

(Address) Street Number _____ Zip Code _____

Amount \$ _____ for _____

Amount \$ _____ for _____

Total Amount \$ _____

I authorize St. Helen Catholic Church to charge the above amount from the above credit card account.

Signed: _____

Office Use Only

Run Date _____

By _____

Bank Credited _____

Credit Co. Cleared _____

Notes: _____
