

Kris' Camp



Credit Card Payment Form

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
PHONE: _____
EMAIL ADDRESS: _____

I wish to make a payment of \$_____ on
this credit card.

Item/service purchased: _____

I authorize Kris' Camp to place a charge against my account listed below, in the amount marked above.

Card Type (circle one): Visa Mastercard American Express

Card Number: _____

Expiration Date: _____

Name on Card (exactly as it appears on your card): _____

Mailing Address (exactly as it appears on your credit card bill): _____

Signature: _____ Date: _____

Please return your completed application either via email to leidyvanispelen@msn.com, or by fax to (801)-942-1750. You may also mail it to: Kris' Camp, 3359 Creek Road, SLC, UT 84121.

Questions? Please contact Leidy van Ispelen at (801)-733-0721. You can also visit us on the web:
www.kriscamp.org.