PFPA CREDIT CARD SLIP FOR ONE TIME TRANSACTION

Check credit card for payment and fill out below.

__ VISA __ DISCOVER __ MASTERCARD
CARD # |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
NAME ON CARD _____
EXP. DATE _____/_____
CVV _____ AMOUNT $_____

SIGNATURE _____ Date: _____

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