



1250 Fifield Street
Falcon Heights, MN 55108
{P} 651-646-7526
{F} 651-646-3319
{W} www.umnctc.org

ATTN: _____

Credit Card Payment

Name: _____

Address: _____

Credit Card Type: Visa ___ MasterCard ___

Credit Card Number: _____

Expiration Date: _____

Verification Code: _____

Amount: _____

All transactions over \$100 will have a \$15 transaction fee added.

Purpose: _____

Signature of Cardholder:

Sign

Date