

West Michigan Teen Challenge

CREDIT CARD PAYMENT		Payment Amount: <input type="text"/>	
Name on Credit Card: <input type="text"/>			
Billing Address: <input type="text"/>			
City: <input type="text"/>		State: <input type="text"/>	Zip: <input type="text"/>
Type of Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard			
Card Number: <input type="text"/>			
Expiration Date: <input type="text"/>		3 number Verification code on back of card: <input type="text"/>	
Reason for Payment:			
<input type="checkbox"/> General Donation	<input type="checkbox"/> Event - List Event	<input type="text"/>	
<input type="checkbox"/> Student Induction	<input type="checkbox"/> Student Laundry		
<input type="checkbox"/> Other - Please List	<input type="text"/>		