

Michigan FCCLA Charge Card Payment Form

Name: _____ Phone: (____) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Amount of Payment: _____ Payment by: _____ Phone _____ Mail _____ Fax

Purpose of Payment: _____

Visa/MasterCard/Discover #: _____

Expiration Date: _____

Signature: _____ Date: _____

**Fax or Mail to: Michigan FCCLA
Eastern Michigan University
Ypsilanti, MI 48197**

Fax: (734) 487-4329

Office use only

Account name: _____ Account #: _____

Description: _____ Deposit Date: _____