



## Credit Card Charge Form Presbytery of the Pacific SW

Date:

Event Name: Pastor's Retreat

Payment Amount (remember to add \$8.00 processing fee):

Name on Credit Card:

Billing Address

Street:

City:

State:

Zip Code:

Phone Number:

Credit Card Number:

Expiration Date:

CVV Number (security code on back of card):

Signature:

***Upon completion of the form, save it locally and then email the file to Cathy Cole,  
Presbytery Assistant ([cathy@epcpops.org](mailto:cathy@epcpops.org)).***