

FALL FUNDRAISER CREDIT CARD PURCHASE

PURCHASE AMOUNT \$ _____

Name on the Account _____

Billing Address _____

City _____ State _____ Zip Code _____

Phone: (_____) _____ E-mail _____



Women Connecting • With God •
Each Other • Their Communities

Thank You!



Credit Card Information

<input type="checkbox"/> MasterCard	_____	_____
<input type="checkbox"/> VISA	Account Number	Expiration Date
<input type="checkbox"/> American Express	_____	_____
<input type="checkbox"/> Discover Card	Signature	Security Code

Stonecrock Ministries • PO Box 9609 Kansas City, MO 64134-0609 • Ph: 800.525.8627 • stonecrock.org

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