Syttende Mai 2024
Banquet and Program

Online Payment Form

First Name   Last Name

Address
| Street |
| City   State   Zip |

No. of Tkts   x $30   =   Total Payment

Credit Card Information   VISA Mastercard Discover

Name as it appears on card

Street (if different from
above)

City, State, Zip

Credit Card Number

Expiration   /

CCV

[   ] Check box to state that you agree to charging your credit card for the total payment listed above.