

PLEASE USE THIS FORM WHEN PAYING BY CREDIT CARD. MAKE SURE THE INFORMATION IS CURRENT AND CORRECT. CARDS THAT ARE DENIED WILL BE SUBJECT TO PENALTY. Card numbers are destroyed after each transaction is complete. We DO NOT keep them on file.

To pay by check, Make payable to REGION 4 AHA and send with entry form and copies. To make payment by Credit Card fill in below. A 3% Credit Card Transaction (minimum \$5) will be added to your entry blank total.													
Credit Card Number – <i>please print legibly. Declined cards are subject to penalty</i>													
<input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> DISCOVER								Expiration Date xx/xxxx			Sec Code:		
Print Name (as it appears on card)											Phone		
Address											Amount:		
City, ST. Zip											3% Convenience Fee (\$5 min)		
E-Mail											TOTAL CHARGE:		
Cardholder Signature											Office use:		

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