Williams Syndrome Association **Credit Card Payment Form**



Billing Information (name and address as it appears on your credit card statement):									
*Name:									
*Street Address:									
*City:			*State:	*Zip:	*Zip:				
Phone:		Email (credit card receipt will	Email (credit card receipt will be emailed):						
Credit Cards Accepted: ☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS		*Credit Card Number:	*Credit Card Number:						
					*CV2 #:				
*Payment for:		*Signature:	*Signature:						
Donation	\$								
Registration	\$								
WSA Store Item	\$								
Auction	\$	All fields with * are required							
Total to be Charged	tal to be Charged \$ Thank You for your support of the WSA!								

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Donation	\$]							
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WSA Store Item	\$]							
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