



PAYMENT FORM

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

Payment Amount \$ _____

Please apply my payment to:

\$ _____ Tithe/Offering/Budget \$ _____ Upward Sports \$ _____ Youth \$ _____ Vacation Bible School

\$ _____ Other – (Please specify below)

I'd like to make a payment for _____
(Please include child's name, Upward Sports, etc.)

Payment amount of \$ _____ (please note there is a 2.5% processing fee added to all payments)

<p><i>For Office Use only:</i> \$ _____ Processing Fee Amount (2.5% for Credit Card gifts)</p> <p> \$ _____ Total Payment Amount (Amount specified above + Processing Fee Amount)</p>
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____ Enclosed is a check for my payment.

OR

____ My credit card information is listed below for my payment. Please transfer my payment from my credit card.

Credit Card Number _____ Expiration Date ____ / ____



Signature _____ Date _____

(Required)

KEEP THIS PORTION FOR YOUR RECORDS

For your convenience, record your payment \$ _____ ___ paid by Check ___ paid by Credit Card

Please apply my payment to:

\$ _____ Tithe/Offering/Budget \$ _____ Upward Sports \$ _____ Youth \$ _____ Vacation Bible School

\$ _____ Other – (Please specify below)

I'd like to make a payment for _____
(Please include child's name, Upward Sports, etc.)

Payment amount of \$ _____ (please note there is a 2.5% processing fee added to all payments)

If you have any questions regarding your payment, please contact us directly at (305) 595-6550 or Jacques@waysidemiami.org.