

**Covenant Orientation
Credit Card Payment Form**

Please use the following credit card to make a payment:

Name _____

Purpose of Payment (program fee, housing etc.) _____

Amount _____ Today's Date _____

Card Type (circle one) VISA MasterCard

Card Number (16 DIGITS from the front and last three digits from the back)

_____ (_____)

Expiration Date _____

Signature _____

Address for receipt: _____

Please fax to: **773-583-3292**

Covenant Orientation
5101 N. Francisco Ave.
Chicago, IL 60625
Covenant.orientation@covchurch.org
773-583-3211