



Rotary
District 6250



rotary
youth
exchange



CREDIT CARD PAYMENT FORM

Student's First and Last Name _____

☐ VISA ☐ M/C ☐ DISCOVER

Credit Card Number _____ - _____ - _____ - _____ Exp. Date: ____ / ____ CVV: ____

Name Printed On Card _____

AMOUNT TO CHARGE \$ _____

Billing Address, City, State, Zip, Phone Number