



Center for Outdoor Education  
George Mason University  
Northern Virginia Regional Park Authority

## CREDIT CARD PAYMENT

School/Organization/Company Name: \_\_\_\_\_

Program Date: \_\_\_\_\_ HO/Invoice #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Amount To Be Charged: \$ \_\_\_\_\_ Type of Card:  VISA  MC

Name As It Appears On Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Fill out and return this form attention:  
Financial Specialist Fax #: 703-266-7781

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Challenge ~ Environment ~ Adventure

4400 University Drive MSN 5B9 Fairfax, VA 22030

Phone (703) 993-4354 Fax (703) 266-7781

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