



## CREDIT CARD ORDER FORM

To use your credit card to pay  
for chapter events or services.

\*You may email this form to [tracymiller@comcast.net](mailto:tracymiller@comcast.net)

\*You may fax this form to 717-295-7143

\*You may mail this form to:  
AFP, PO Box 8961, Lancaster, PA 17604-8961

ORDER DETAILS – please circle the dollar amount to be charged to your credit card.

**\$50 AFP members \$100 nonmembers**

BILLING INFORMATION – please enter the following information EXACTLY as it appears on your credit card.

First name/middle initial \_\_\_\_\_ Last name: \_\_\_\_\_

Check one:  Visa  MasterCard  American Express  Discover

Card number \_\_\_\_\_ Expiration date \_\_\_\_\_

Card verification number: \_\_\_\_\_

Where to find this number? For Visa, MasterCard and Discover, these 3 digits are printed on the back of your credit card to the right of the credit card number.

AMEX only: These 4 digits are printed on the front of your credit card to the right of the credit card number.

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Daytime Telephone: \_\_\_\_\_

Please contact Tracy Miller, Chapter Administrator, with any questions at 717-295-7142 or email  
[tracymiller@comcast.net](mailto:tracymiller@comcast.net) . Thank you!