

Our Lady of Mercy High School  
Credit Card Payment Form

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City/State Zip

Check One \_\_\_\_\_ Visa \_\_\_\_\_ Master Card

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ Amount to be Charged \$ \_\_\_\_\_

Signature of Card Holder \_\_\_\_\_

***Bookstore***

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