

Worldwide Marriage Encounter
Credit Card Registration Payment Form

(WWME Copy)
(Please Print Clearly)

Name of Cardholder: _____

Billing Address: Street: _____

City, State, Zip Code: _____

Home Phone Number: _____

VISA or MasterCard or Discover or American Express (Circle One)

Card Account # _____

Confirmation Number _____ (3-, 4-, or 7-digit number in the signature box on back of card)

Expiration Date: ____/____

Registration Amount: \$ 50.00

Signature of Cardholder: _____

----- Cut here -----

Worldwide Marriage Encounter
Credit Card Registration Payment Form

(Keep for your records)

VISA or MasterCard or Discover or American Express (Circle One)

Card Account # _____

Registration Amount: \$ 50.00

Mail the top portion of this form to:

Ralph & Jane Becker
28 Field Pond Road
Milford, MA 01757