

CREDIT CARD PAYMENT REQUEST FORM

DELEGATE NAME: _____

- 1st payment \$300 non-refundable deposit due March 8th
- 2nd payment \$300 due March 29th
- 3rd payment \$300 due April 26th
- 4th payment \$300 due May 17th
- 5th payment \$300 due June 7th

Please charge my credit card for the payments checked above. I understand that the charge to my card will not be made prior to the payment due date.

- MASTERCARD
- AMERICAN EXPRESS
- VISA
- DISCOVER

NAME AS IT APPEARS ON CARD

CREDIT CARD NUMBER

EXPIRATION DATE

SIGNATURE OF CARDHOLDER

Mail to: California YMCA Youth & Government
2220 Capitol Ave
Sacramento, CA 95628