

Winter Conference

January 26, 2019

Please print clearly

CK # _____ Credit/Cash

AMT: _____

DOC _____

Date Pd _____

2019 Winter Conference

Name: _____

Other names: _____

Address _____

City _____ State _____ Zip Code _____

Phone Cell () _____ Home () _____

Email _____

Please check the payment method: Cash Check Credit/Debit Card



Name on **credit/debit card**: _____

Card # : _____

Expiration Date: ___/___ Security Code: ___ ___ ___

I authorize the Catholic Charismatic Center to charge my credit card for \$ _____

Signature _____ Date _____

Donation \$ _____

TOTAL \$ _____

Please make checks payable to: Catholic Charismatic Center

Mail Form & Payment to:

Winter Conference

Catholic Charismatic Center

1412 - 5th St. NW

Albuquerque, NM 87102-1334

For more information, please call: 505-247-0397