

St Michael the Archangel Catholic Church – Angel Bucks Program

Credit Card Charge Form

**\$250 minimum order required for all credit card purchases*

Date of Request: _____

Program Name: Angel Bucks

Name (as it appears on card): _____

Type of Card (circle one): MC / VISA / AMEX/ Discover

Credit Card Number: _____

Expiration Date of Card: _____

3 Digit Security code on back of Card: _____

Street Address: _____

Zip Code: _____

Amount of Charge (min. \$250): \$ _____

Phone Number for Questions: _____

****Please let us know if you desire a receipt.**

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