

TO
THE LUTHERAN THEOLOGICAL SEMINARY
7301 Germantown Avenue, Philadelphia, PA 19119

Attention:
BUSINESS OFFICE

Phone: (215) 248-4616

Fax: (215) 248-4577

CREDIT CARD CHARGE AUTHORIZATION

In the amount indicated, please charge the credit card listed below in order to credit my seminary account in payment of fees:

PRINT CAREFULLY

YOUR NAME: _____

NAME ON CREDIT CARD: _____

ADDRESS ON CARD: _____

CREDIT CARD TYPE: MASTERCARD VISA (no others)

CREDIT CARD ACCOUNT #: _____

EXPIRATION DATE: _____

AMOUNT AUTHORIZED: _____

YOUR **SIGNATURE** (required) _____

DATE: _____

YOUR TELEPHONE NUMBERS:

OFFICE: (_____) _____

HOME: (_____) _____

FAX: (_____) _____

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