



CREDIT CARD PAYMENT

* Name as it appears on your card: _____

* Mailing Address where the bill for your card is sent:

* Street/PO Box: _____

* City/State/Zip: _____

* Phone: _____ Fax: _____

Email: _____

Please charge payment of * _____ to the following credit card:

* VISA/MC: _____

* American Express: _____

* Expiration Date: _____ * Security Code: _____

* Signature: _____

You may mail this completed form to the address below or fax it to the attention of Connie D. Marr. You also may call us and provide the information by phone.

** Required information*

The McGhee Foundation
36276 Mountville Road
Middleburg, VA 20117
540-687-3743 (*phone*)
540-687-3746 (*fax*)