

Method of Payment

Check	Visa	MasterCard	AMEX	Discove	er Invoice
Charge my card: \$	5				
Cardholder's Name:					
Billing Address:					
Card Number:			Security Code:	Exp. Dat	te:
An invoice will be sent to the address above.					

Signature:

Date:

Please send an *EPS logo* to <u>DPartain@MedStar911.org</u> by April 15, 2022. If an .eps file is not available, please send the highest quality logo available. In the email, please let us know the shirt size of the participants.

