



## OSCIA Credit Card Payment Information

County membership/Event \_\_\_\_\_

Cardholder name \_\_\_\_\_

Amount \_\_\_\_\_

Credit Card Type          Visa          Mastercard

Credit card number \_\_\_\_\_

Expiry date MM/YY \_\_\_\_/\_\_\_\_

Verification number (last 3 digits on back of card) \_\_\_\_\_

Credit Card Billing Address:

Street number and name \_\_\_\_\_

Town/City \_\_\_\_\_ Postal Code \_\_\_\_\_

Email address \_\_\_\_\_

Email receipt?          Yes          No

Phone \_\_\_\_\_

Please send to:

Cathy Dibble

[cdibble@ontariosoilcrop.org](mailto:cdibble@ontariosoilcrop.org)

Fax 519-463-6375



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