

REMITTANCE FORM

Please mail form to:

Angels Foster Care
3905 State St.
#7-115
Santa Barbara, CA 93105

PAYMENT INFORMATION:

Method of payment: Credit Card | Check enclosed (please circle)

Credit Card type: Visa | MasterCard | American Express | Discover (please circle)

Card Number _____

Expiration Date ____/____/____

3-Digit Code (Visa & MasterCard) _____ 4-Digit Code (American Express) _____

Billing

Address _____

Name as it appears on card

Authorized signature _____

Date _____

