

VIRGIN ISLANDS BAR ASSOCIATION



VISA/MasterCard Form

Name as it appears on your card

Name of Attorney Paying Dues or CLE / Name of Person Making Donation

Authorizing signature

Date

Billing Address for the Credit Card

City

State

Zip Code

Country

Phone (to reach you)

Facsimile

E-mail

Card Number: _____ (16 numbers)

Expiration Date: Month _____ Day _____ Year 20____

Three digit code from the back of the card.

AMOUNT to Charge: \$ _____

We cannot process your charge without it _____

PAYMENT MADE BY

Visa



Master Card



For VISA/MasterCard payments fill out this form and return to the VIBAR office.

NOTE: TO AVOID DUPLICATION OF PAYMENT USE **ONE** METHOD TO SUBMITT YOUR FORM, VIA FAX, MAIL OR EMAIL. THANK YOU.

VIRGIN ISLANDS BAR ASSOCIATION

Hinda Carbon - Executive Director

Post Office Box 224108

Christiansted, VI 00822-4108

Questions: Telephone: 340-778-7497 ~ Facsimile: 340-773-5060

E-mail: executivedirector@vibar.org