



Credit Card Payment Form

Mail to: Camp Winnataska
260 Winnataska Drive
Pell City, AL 35128

Fax to: 205-640-1423

- Camper Registration – Camper's Name _____
Registration Amount Paid \$ _____
- Donation to Friends of Winnataska \$ _____
- Camp Winnataska Merchandise \$ _____

Select a Credit Card

- Visa
 Master Card

Card Number: _____

Expiration Date: _____
mm/yy



CVV Code: _____

(3-digit number found near the signature line on the back of credit card)

Name of Cardholder: _____

Address of Cardholder: _____

Date: _____ Total Amount Paid: \$ _____

Signature of Cardholder: _____

Phone Number: _____ Email Address: _____