



DELTA SIGMA THETA SORORITY, INC.  
A Public Service Sorority  
Stone Mountain-Lithonia Alumnae Chapter  
9<sup>TH</sup> Annual All-Alumni Step Show

CREDIT CARD PAYMENT FORM

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

*(Mark appropriate box)*

Vendor Fee (Before 1/31/10: Certified-\$175 & Others-\$200; After 1/31/10: Certified- \$225 & Others -\$250): \$ \_\_\_\_\_  
*[Before 1/31/10: For prime space (four available), add \$50 to above fee]*

Team Entry Fee (\$200): \$ \_\_\_\_\_

Sponsorship (write in amount):\$ \_\_\_\_\_

Total Amount:\$ \_\_\_\_\_

Charge the total amount to:

VISA

MasterCard

American Express

*(Diner's Club, Carte Blanche, etc. are not accepted)*

COMPLETE CREDIT CARD NUMBER: \_\_\_\_\_

ISSUING BANK/INSTITUTION: \_\_\_\_\_  
*(Printed on the card)*

EXPIRATION DATE: \_\_\_\_\_

CID/SECURITY NUMBER: \_\_\_\_\_

CARDHOLDER'S NAME: \_\_\_\_\_

*CARDHOLDER'S ADDRESS IF NOT SAME AS ABOVE:*

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DAY PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

**PLEASE FAX THIS COMPLETED FORM TO 404-581-5050.**  
**YOU WILL RECEIVE WRITTEN CONFIRMATION OF THE CHARGE (EMAIL OR FAX)**