

Payment Form

Participant Information:

Name of Participant: _____

Email Address: _____

Phone Number: _____

Payment Information: Note, we only accept Visa and Mastercard.

Amount to charge: _____

Card Type: Visa Mastercard

Credit Card Number: _____

Exp. Date: _____

CSV Number: _____

Card Holder Full Name: _____

Card Holder Phone: _____

I authorize Israel Service Corps/Oranim Educational Initiatives to charge the above credit card for the amount listed above in US Dollars.

Please Sign: _____

Today's Date: _____

**Please fax this form to 509-362-9868
or email it to info@israelervicecorps.com.**