CREDIT CARD PAYMENT FORM

If you would like to pay for your trip by credit card, please complete this form and mail (P.O. Box 9, Hanover NH, 03755) or fax (603-646-1444) it to D.O.C. Trips.

Name of Student: ____________________________________________________________

- **Trip Payment** ($180 without financial aid): $________
- **Bus Fee** (If applicable—see instruction sheet): $________
- **Green Fund Contribution***: $________
- **Total Payment:** $________

*This entirely optional donation will go toward making D.O.C. Trips as environmentally friendly as possible, including the acquisition of field guides for every trip, the use of organic cotton for our T-shirts, the support of local organic farms for our produce, and possibly the purchase of bio-diesel fuel for our vehicles during Trips.

Type of Credit Card: Visa MasterCard

Name on Card: ____________________________________________________________

Number: ___ ___ ___ - ___ ___ ___ - ___ ___ ___ - ___ ___ ___ Exp: ____ / _____

Daytime phone number: ______________________