



WEST CHESTER EAST ICE HOCKEY CLUB

Payment Voucher

Player Name: _____

I would like to pay my WCEIHC dues by:

Check # _____ made payable to **WCEIHC** in the amount of \$ _____ is enclosed. *(Please include the players name in the memo section of the check.)*

~or~

Please charge \$ _____ to my ___ **Visa** ___ **Master Card** ___ **Discover**

Card Number: _____

Expiration Date: _____ Card Validation Code: _____ (three-digit number printed in the signature panel)

Name on Card: _____

Billing Address: _____

Signature: _____ Date: _____

Please direct all payment information to:

Cindy Bortle
Treasurer-WCEIHC
1325 Greenhill Rd
West Chester, Pa 19380
Fax: 610-696-1468
(no cover sheet is required)

**** Do not send credit card information via e-mail ****