

# The Hundred Parishes Society

## POSTAL APPLICATION: DEBIT OR CREDIT CARD PAYMENT

Please print this form,  
then complete it by hand

Debit or Credit card type:

Card number:

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Cardholder name:

Card valid from MM/YY:

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Expiry Date MM/YY:

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Security code: last three digits:

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I authorise payment to The Hundred Parishes Society of the sum specified on the enclosed Postal Options form.

Signature

Date: DD/MM/YY

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