

Royal College of Pathologists

Credit Card Payment Form - College memorabilia

Please complete this form in block capitals, in blue or black ink.

Full Name:	_____
Name on card if different from above	_____
Address of cardholder	_____

Telephone no / E-mail address	_____

Please charge my credit card account (*tick one box*)

<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	<input type="checkbox"/> JCB	<input type="checkbox"/> Electron
<input type="checkbox"/> Switch	<input type="checkbox"/> Delta	<input type="checkbox"/> Maestro	<input type="checkbox"/> Solo

<i>Amount to charge:</i> <i>(please tick)</i>	<input type="checkbox"/> £20 - Blue Tie (O/Seas £22)	<input type="checkbox"/> £25 - Shield (Out of Stock)
	<input type="checkbox"/> £20 - Red Tie (O/Seas £22)	<input type="checkbox"/> £100 - Paperweight (O/Seas £105)
	<input type="checkbox"/> £20 - Blue Bow Tie (O/Seas £22)	<input type="checkbox"/> £14 - Mug (Out of Stock)

Card Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Security code (the last 3 digits found on the signature strip of the card)	<input type="text"/> <input type="text"/> <input type="text"/>
Expiry Date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Switch cards issue number: <input type="text"/>

I authorise you to charge £_____ to my credit card account.

Signature _____ Date _____

Fax to: +44 (0)20 7451 6703 or email it to: membership@rcpath.org