FLYERS CHARITIES LICENSE PLATES
CREDIT CARD PAYMENT FORM

Name: _____

Billing Address: _____

City:_____ State:_____ Zip:_____

Home Address: □ **Same as billing** **OR**
□ **New address:** _____

City:_____State:_____Zip:_____

Daytime Phone #: _____

Email address: _____

Credit Card Number: _____Exp:_____

____Visa/MC ____AMEX _____Discover

Amount*: □ $50.00 + _____* Add $1.50 for each duplicate card requested =_____(Total)

Your Signature: _____

Date: _____

Send all information to:
COMCAST SPECTACOR FOUNDATION
C/o License Plates
3601 South Broad St. · Philadelphia, PA 19148-5290
Fax 215-389-9507

Questions? You may contact us by phone or email 215-952-5269 or
FlyersLicensePlates@comcast-spectacor.com.

If paying by check, make payable to:
COMCAST SPECTACOR FOUNDATION

PLEASE REMEMBER TO INCLUDE A COPY OF YOUR DRIVERS LICENSE AND REGISTRATION AND SEND ALONG WITH APPROPRIATE STATE FORM

INTERNAL USE ONLY:
Date rec'd/initials:_____ CC approval code#:_____

Payment date/initials:_____ Added to Batch #:_____