



DREAM Adaptive Recreation Payment Form

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PO Box 4084
Whitefish, MT 59937

This authorization will only be used for the program fees specified below.

Participant Name: _____

Program: _____

Program Fee: _____

Please check the box of the method of payment you are providing and complete all pertinent fields.

- I will be applying for a financial assistance scholarship.
- Cash Payment
I have enclosed \$ _____ cash to cover the cost of the program fees specified above.
- Check Payment
I have enclosed a \$ _____ check (made out to: Dream Adaptive Recreation) to cover the cost of the program fees specified above.
- Credit Card Payment

Credit Card Authorization Form

Card Type: Master Card VISA Discover AMEX
 Other _____

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): _____

Three or four digit security code (from back of card): _____

Cardholder Zip Code (from cc billing address): _____

I, _____, authorize *DREAM Adaptive Recreation* to charge my credit card for agreed upon program fees.

(Signature)

(Date)