

PAYMENT RECORD FORM

DYSLEXIA EVALUATION & REMEDIATION CLINIC [DERC]

****REQUIRED INFORMATION IF USING VISA OR MASTERCARD FOR PAYMENT.**

PLEASE print neatly and legibly.

****Name [exactly as printed on Credit Card]**

****BILLING ADDRESS**

****Street Address**

Apt. #

****City**

State

Zipcode

****Phone Number at Billing Address—including area code**

****Amount of Purchase**

PAYMENT METHOD:

CHECK—payable to DERC [enclosed with application]

Amount of Check: _____ Check #: _____

VENMO—payable to @DERC-300 Amount of Payment: _____

PURCHASE ORDER #: _____

Amount of Purchase Order: _____

VISA or  **Expiration Date: _____ Security Code: _____**

Credit Card #: _____

Signature: _____

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EMAIL	sssDERC2023@gmail.com
VENMO	@DERC-300