**SPIRITUAL DIRECTION INTERNSHIP INITIATIVE**

**CREDIT CARD PAYMENT for
SPIRITUAL DIRECTION PROGRAMS

All information MUST be filled in.**

 **Name**

 **(Please Print Clearly or Type)**

**Address

City State/Province Zip

Phone E-Mail

Credit Card: Master Card Visa Discover AMEX

Credit Card # Exp Date / CVV#

Transaction Amount of Payment: Transaction Date:

Accepted by Date Time**

**Description of transaction:**

**Please Note:** When you receive your credit card statement, it will say Congregation of Sisters of St. Joseph of Boston. All monies are pooled but restricted to the designated ministry or program.

Immediately copy/file and send original to ii@csjBoston.org

**Thank you!**