**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](mailto:ii@csjBoston.org)

**Thank you!**