WE WHO CARE

DOCUMENT SUMMARY and PAYMENT INFORMATION

Document Summary *(Check items that you have Included)*

- ☐ Member Information (Application Form)
- ☐ Living Will
- ☐ Power of Attorney
- ☐ Medical History
- ☐ Contact List
- ☐ Photo(s)
- ☐ Hospital Directory Authorization
- ☐ Other _____

Type of Payment:

☐ Check / Money Order

☐ Visa ☐ Mastercard ☐ Discover ☐ American Express ☐ Debit Card

Number on Card: _____ Expiration Date (mm/yy): _____

Name on Card: _____ CSC / CVV2 (if known): _____
(as it appears on card) *(added security feature on some cards)*

Billing Address:

First: _____ Middle: _____ Last: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Shipping Address:

☐ Check here if your Shipping Address is the same as your Billing Address

First: _____ Middle: _____ Last: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Accepted and Approved: _____

Signature of Member

_____

Printed Name