

Alternative Payment Processing Form

Girl First Name	Girl Last Name
Caregiver First Name	Caregiver Last Name
Troop Number	
Phone Number	Email

Payment Information

Check all that apply: Cookie Dough Credit Card Cash Check Financial Aid (attach form)

Cookie Dough

Mercury Number _____ Expiration date _____ Amount _____

Credit Card Number

Card Type _____ Expiration date _____ Security Code _____

Cardholder First and Last Name	Phone Number
Cardholder Zip Code	Amount

Cash

Amount Received:

Check

Check Number	Amount
--------------	--------

Processing Information

Date Payment Information Received	Received by
Payment Processed by (staple receipt or indicate cash receiving)	
Date Payment entered into Salesforce	Entered by
Payment for: <input type="checkbox"/> Membership <input type="checkbox"/> Uniform <input type="checkbox"/> Camp <input type="checkbox"/> Properties <input type="checkbox"/> Program <input type="checkbox"/> Cookie debt <input type="checkbox"/> Other _____	