

Credit Card Payment to:
Washington Farm Forestry Association (WFFA)

Purpose of Payment: _____

Total Payment Amount: \$ _____

Visa Mastercard Discover (circle card type)

_____ (card Number)

_____ (month) _____ (year) (expiration date)

_____ (3 digit code – on back of card)

_____ (name as appears on card)

_____ (Zip code of billing address for card)

Please mail or fax the completed form to:

**WFFA
PO BOX 1010
CHEHALIS WA 98532**

Fax number: 360-736-2704