

GATEWAY MEDICAL SOCIETY

Credit Card Payments

- Membership Dues \$ _____
- CME Activity Fee \$ _____
- Physician of the Year Scholarship Gala \$ _____
- Other _____ \$ _____

- American Express
- Discover
- Mastercard
- Visa

Member Name _____

Name On Card _____

Card# _____

Exp. Date _____

Security Code _____

Billing Address _____

Contact Phone# _____

Total amount to charge to card \$ _____

Signature _____ Date _____

Please send information to Tamara Reese (Gateway Medical Society Administrative Secretary) either via fax to 412-281-4789 or call information to 412-281-4086