MATER DOLOROSA PASSIONIST RETREAT CENTER

700 N. Sunnyside Ave.
Sierra Madre, CA 91024
626-355-7188
www.materdolorosa.org

RETREAT PAYMENT AND CREDIT CARD AUTHORIZATION FORM

(Please Print)

Name _____
First Last Initial

Address _____
Number Street City State Zip

Phone _____Cell _____ Birth date ____/____/_____

Email _____ Special Needs _____ Dietary? _____ Handicapped? _____

Have you made a Retreat here before? ___Yes ___No? Has address changed since last Retreat ___Yes ___No?

In case of a large group, would you be willing to double? ___Yes ___No With whom? _____

Retreat Group _____Retreat Date _____Parish_____

I authorize use of this credit card for payment of the above Retreat.

Name (as it appears on card) _____**or check number**_____**amount**_____

Billing Address _____City _____State _____Zip_____

MC/VISA ___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/ Expiration Date ____/____/_____

Three digit code on back of card ___/___/___/ Amount: _____ $50.00 _____ $25.00 or_____ Other

THE TOTAL SUGGESTED COST IS $**250**. IF YOU WISH TO MAKE MONTHLY PAYMENTS PLEASE RETURN THE COUPON BELOW:

PAYMENT 1_____

PAYMENT 2_____

PAYMENT 3_____

PAYMENT 4_____

PAYMENT 5_____

PAYMENT 6_____

PAYMENT 7_____

PAYMENT 8_____

PAYMENT 9_____

Please complete the information below to let us know that you are taking advantage of the payment plan to pay for your retreat:
Place completed form in the envelope provided in your retreat packet.

Name _____
First Last Initial

Address _____
Number Street City State Zip

Phone _____Cell _____

Email _____ Retreat Date_____