

2013 COMECC CONTRIBUTION FORM

PO BOX 854, LITCHFIELD, CT 06759

This portion can be faxed back to (860) 567-3591 for your
2013 COMECC voluntary contribution using a credit card

_____ Visa _____ Mastercard _____ American Express

_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____
(16 digit card number)

_____/_____/_____
(Expiration date)

_____/_____/_____
digit security code from back

\$_____ Total amount charged **RECOMMENDED AMOUNT \$250.00**

_____ **\$300** _____ **\$500** _____ **\$750** _____ **\$1000** _____ **other**

(Card holders name)

(Card holders signature)

(Card holders address)

(Group Practice name)

(City - State)

(zip code)

EMAIL Address_____

Please print the name on the credit card and who COMECC is being paid for:

Personal checks can be mailed to:

COMECC, 26 Sally Burr Road • PO Box 854 • Litchfield, CT 06759- email form to
eyemaster2020@yahoo.com or fax to 860-567-3591

