



Missions Payment Form
(Please include with all payments to City on a Hill)

Church: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Activity: () 6- Day STM () 1-Day Plunge () Weekend Plunge () Pov.Sim () Service Group

Payment: () Initial Deposit () 2nd Deposit () Final Payment

Payment Amount: \$ _____ **Payment Form:** () Check () Credit Card

Reference Number (from City on a Hill): _____

To make a Credit Card Payment, please complete the authorization form below.

Credit Card Authorization Form

I authorize City on a Hill/ Urban Bible College to charge the amount below to my credit card.

(Circle one) **Visa** **MasterCard**

Cardholder Name: _____

Card Information: #: _____

Expiration Date: _____ **3 digit security code (found on back of card):** _____

Billing Address: _____

Street

City

State

Zip

Amount: \$ _____ **Signature:** _____

Notes:

Mail to: City on a Hill, **ATTN: Business Office**, 2224 W. Kilbourn Ave., Milwaukee, WI 53233