TechStart
Education Foundation

ogpc 2.0 Payment Information

Team Name: _____

Team Affiliation (e.g. school): _____

I will be paying by   □ Check made payable to: TechStart Education Foundation   □ Credit card

If paying by check, please mail this form with your check to: TechStart Education Foundation
Attn: Dianna Bancke
111 SW 5th Ave, Suite 120
Portland, OR 97204

_____

For Credit Card Payments Only: Total Payment Amount: $ _____

Name on Card: _____

Card Holder Billing Address: _____

City/State/Zip: _____

Cardholder Email Address: _____

Credit Card Type: □ Visa   □ MasterCard   □ American Express

Credit Card Number: _____   Exp Date: _____

Signature: _____   Date: _____

*Signing above authorizes transaction

Please fax this form to 503.228.5411 or mail it to: TechStart Education Foundation
Attn: Dianna Bancke
111 SW 5th Ave, Suite 120
Portland, OR 97204

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