

May 23, 2017



Visa or Mastercard Payment

Visa

Mastercard

Name on card: _____

Expiry date: _____

Payment amount: \$ _____

Card number: _____

3-digit security code (on back of card): _____

Signature: _____

Invoice Number: _____

Please include the bottom portion of your invoice when mailing in your payment.

Print and mail this slip to:

Southern Health-Santé Sud
Box 470
La Broquerie MB R0A 0W0