Wenatchee Valley College
Credit Card Payment Form

Student Name_____
Last First MI

Student Identification Number (SID)_____

Phone #_____

Card Type MasterCard ____
Visa ____

Card Number_____Expiration Date_____

Cardholder Name_____
Last First MI

Amount to be charged $_____

Mail To: Wenatchee Valley College
Attn: Cashier's Office
1300 Fifth Street
Wenatchee, WA 98801

Questions? Please call the cashier at 509-682-6500