

GLOBAL DEVELOPMENT AND HUMANITARIAN AID

Deposit Payment Form

Name: _____

Contact Information: _____

_____ May 15-19 Summer Program

Check Enclosed \$ _____ Payable to "La Roche College"

Money Order Enclosed \$ _____ Money Order # _____

Charge my Visa \$ _____

Charge my Master Card \$ _____

Charge my Discover Card \$ _____

Charge my American Express \$ _____

Cardholder's Name: _____

Card's Billing Address: _____

Card Number: _____ - _____ - _____ - _____

Expiration Date: _____/_____

Signature: _____

Please mail to: (Do not email this form)

Office of Global Engagement Summer Programs

La Roche College

9000 Babcock Boulevard

Pittsburgh, Pennsylvania 15237

For questions, please contact us at humanitarianaid@laroche.edu

**** PLEASE DO NOT SEND CASH ****