

**Make Checks Payable to: VINA Community Dental Center, 400 E Grand River, Brighton, MI 48116**

Name: \_\_\_\_\_ Amount Enclosed: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Card # \_\_\_\_\_ Exp. \_\_\_\_\_ CV Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Card Type: Visa Mastercard Amex Discover