



NDP

Windsor West Federal Riding Association

Credit card payment

Name _____

Address _____

City _____ Prov. _____ Postal _____

Tele # (____)- ____-____ email _____

Credit Card VISA MasterCard amount \$_____. ____

Credit Card # _____ - _____ - _____ - _____
expiry date ____ / ____

Signature: Date
print clearly

Please mail to :

Windsor West NDP
P.O. Box 21039
RPO University Mall
Windsor Ontario,
N9B 3T4