Alaska Native Tribal Health Consortium
Office of Finance & Administration
3900 Ambassador Drive
Anchorage, Alaska 99508
Phone: (907) 729-2416 Fax: (907) 729-2890

ANTHC Credit Card Payment Form

I authorize ANTHC to charge my:

- ☐ Visa
- ☐ Mastercard
- ☐ Discover
- ☐ American Express

Card # _____ - _____ - _____ - _____ Expiration Date: _____ - _____

Security Code: _____

The amount of $_____ for Tobacco Treatment Specialist Training _____.
(product or service provided)

Cardholder Name: _____

Credit Card Billing Address: _____

_____

_____

Contact Phone: _____

Signature: _____

*****Form must be filled out completely in order to be processed.***

email completed form to:

cdmeade@anthc.org 793327.1550
907-729-2416

Or deliver to:

Alaska Native Tribal Health Consortium
Tobacco Prevention and Control Program
Attn: Crystal Meade
3900 Ambassador Drive
Anchorage, Alaska 99508