

OREGON FUNERAL DIRECTORS ASSOCIATION
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**BACKGROUND CHECK
PAYMENT FORM**

Print Your Name: _____

Billing Address: _____

City, State, Zip: _____

Contact Phone No: (_____) _____

PAYMENT METHOD: Please do NOT send cash.

\$45.00 Check enclosed made payable to OREGON FUNERAL DIRECTORS ASSN.

\$45.00 Charge on my credit card (complete information below)

Type _____ Card # _____ Exp. ____/____
(Mastercard or VISA only)

3-Digit # on BACK of Card ____ _ BILLING Zip Code ____ _

Cardholder Name: _____
(Print Name As It Appears on Card)

Cardholder Signature: _____

RECEIPT NEEDED:

Yes, I want a receipt for the charge.

No, my cancelled check or bank statement will serve as my receipt.

PERSONAL & CONFIDENTIAL