



The Foundation for
California State University, San Bernardino
Credit Card Charge

DATE: _____ APPROVAL# _____ INITIALS: _____

Type of Card: _____ MASTERCARD _____ VISA

Card Holders Printed Name: _____

Credit Card Number: _____

Expiration Date: (Mo/Yr) _____ / _____ Amount: \$ _____

Card Holder's Signature: _____

Card Holder's Phone #: (____) _____

Card Holder's Address: _____

City: _____ State: _____ Zip Code: _____

Inland Counties Mathematics Project

Department of Mathematics • California State University San Bernardino
5500 University Parkway • San Bernardino • CA • 92407
tel: (909) 537-5468 • email: icmp@csusb.edu • fax: (909) 537-7006
Website: <http://icmp.math.csusb.edu>