Don't want to pay online?

IPAC PAYMENT FORM FOR CHECK OR CREDIT CARD

Personal checks (made out to IPAC) or personal credit cards only.

Personal Check only:

Name: _____ Employer:*_____

Home Email Address:* _____ Occupation:*_____
For IPAC updates (both financial and informational)

Home Address : _____ ZIP:_____

**State law requires this information.*

Check # _____ payable to "IPAC" *(Personal Check only)*

Personal Credit Card only:

Charge $ _____ to my (check one): ☐ Visa ☐ Master Card ☐ Discover Card

Card Number: _____Expiration Date: _____ Card Verification No.: _____

Print Cardholder's Name: _____ Signature: _____

Billing Address of cardholder, if different from above (no PO Box numbers please):

Street:_____ ZIP: _____

Return this form (along with your IPAC check if paying by check) to: IPAC, 2648 Beechler Court, Springfield, IL 62703-7305

If you have questions please contact Ashleigh Knudson at 217–753–2213 or aknudson@iasaedu.org