

Strawberry Hill Recreation Association	INTERNET INVOICE
Visit your community at www.landenshra.com	DATE:
Remittance Address: Strawberry Hill Recreation Association P.O. Box 317 Kings Mills, Ohio 45034-0317	Questions, please contact: Theresa Klum Phone: 513.403.2001 Email: TBKHS@cinci.rr.com
NAME:	ACCOUNT NUMBER:
ADDRESS:	
EMAIL:	PHONE:

CREDIT CARD AUTHORIZATION

CREDIT CARD TYPE (Circle one) VISA MC DISC AMEX	NAME as it appears on card:
CREDIT CARD NUMBER:	EXPIRATION DATE:
SHRA FULL PAYMENT: \$425.00 + \$11.50 = TOTAL: \$436.50 SHRA PATRTIAL PAYMENT \$212.50 + \$11.50 = TOTAL: \$224.00	PAYMENT AMOUNT: \$
I, THE UNDERSIGNED, GIVE THE STRAWBERRY HILL RECREATION ASSOCIATION AUTHORIZATION TO CHARGE MY 2008 ANNUAL MEMBERSHIP ASSESSMENT TO THE ABOVE CREDIT CARD.	
SIGNATURE	DATE

**RETURN TO: Strawberry Hill Recreation Association
P.O. Box 317
Kings Mills, Ohio 45034-0451**

Fax: 513-573-9983

*If you have questions concerning this invoice, please call
Theresa Klum at 513-403-2001 or Email TBKHS@cinci.rr.com*