



Alaska Native Tribal Health Consortium

Office of Finance & Administration

4000 Ambassador Drive, C-FIN

Anchorage, Alaska 99508

Phone: (907) 729-2859 Fax: (907) 729-2890

ANTHC Credit Card Payment Form

I authorize ANTHC to charge my:

- Visa
- Mastercard
- Discover
- American Express

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

The amount of \$ _____ for Traditional Food Guide for Alaska Native Cancer Survivors

The amount of \$ _____ for Palliative Care Booklet

(product or service provided)

Cardholder Name: _____

Credit Card Billing Address: _____

Contact Phone: () _____

Signature: _____

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

Fax completed form to:

Attn: Crystal Coulter, Assistant Controller

Office of Finance & Administration

(907) 729-2890

Or deliver to:

Alaska Native Tribal Health Consortium

Office of Finance & Administration, C-FIN

Attn: Crystal Coulter, Assistant Controller

4000 Ambassador Drive

Anchorage, Alaska 99508