



GROUP RATE | \$75 Combined Membership
Payment Voucher

You must submit your Mercy Flights payment to your group coordinator.

Member Number: _____ **Member Name:** _____

Print Name

Check # _____ **EMAIL:** _____

Credit Card:

Signature: _____

CREDIT CARD# _____

Exp. Date _____

V-Code _____

Name on Card: _____ PHONE _____

Please print name clearly and check for accuracy. Only cards with correct information will process.

WE DO NOT ACCEPT HSA CARDS. Mercy Flights is a membership not a medical insurance premium.



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