

Rotonda West Association, Inc.

If you choose to pay your assessment with a major credit card, please complete the information below and attach to the top of your statement(s).

(1) Return both the credit card form and statement(s) to the RWA office.
3754 Cape Haze Drive, Rotonda West, Florida 33947

(2) Fax to the RWA office. (941) 697-0788

NAME: _____ LOT NUMBER(S) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

CREDIT CARD TYPE (CIRCLE)

VISA

MASTERCARD

DISCOVER

CREDIT CARD NUMBER: _____

THREE-DIGIT SECURITY CODE ON BACK OF CARD: _____

CREDIT CARD EXPIRATION DATE: _____

NAME AS IT APPEARS ON CREDIT CARD: _____

PAYMENT AMOUNT

(US DOLLARS): _____

SIGNATURE: _____ DATE: _____