

# Cape Gazette

## Obituary Payment Form

### COMPLETE THIS AUTHORIZATION AND RETURN

This form only needs to be submitted for obituaries **over 350 words**.  
All information will remain confidential.

#### EMAIL:

**jamie@capegazette.com**

*Please put obituary name in subject*

#### DEADLINES:

**Tuesday Edition - 10am Monday ▪ Friday Edition - Noon Wednesday**

*Payment due with obituary submission*

Name of Deceased: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ AmEx

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Security Code: \_\_\_\_\_

Amount to Charge (please check one): \_\_\_\_\_ 351 - 600 words ▪ \$100

(Free up to 350 words.) \_\_\_\_\_ 601 - 900 words ▪ \$150

\_\_\_\_\_ 900 + words ▪ \$200

*I authorize Cape Gazette, LTD to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.*

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ Check for Receipt

Email: \_\_\_\_\_