



**Alaska Native Tribal Health Consortium  
Community Health Aide Program**

4000 Ambassador Drive, COB 4th Floor  
Anchorage, Alaska 99508

Phone: (907) 729-4492 Fax: (907) 729-3629

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ANTHC Credit Card Payment Form

I authorize ANTHC to charge my:

- Visa
- Mastercard
- Discover
- American Express

**FOR LOGOWEAR ORDERS**

**Return this form with your  
CHAP Logowear order**

Fax 907-729-3629 or  
email to saliu@anthc.org  
Questions? 907-729-4492 or  
Carol O. at 907-729-3651

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

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

The amount of \$ \_\_\_\_\_ for \_\_\_\_\_  
*(product or service provided)*

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Cardholder Name: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_  
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Contact Phone: \_\_\_\_\_

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

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

Fax or email completed form to:

Attn: Shae Aliu  
CHAP Statewide Services  
(907) 729-3629 or saliu@anthc.org

Or deliver to:

**Alaska Native Tribal Health Consortium**  
*CHAP Statewide Services- 4th Floor*  
Attn: Shae Aliu, Program Specialist  
4000 Ambassador Drive  
Anchorage, Alaska 99508

CHAP Logowear  
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