

Payment Form

I wish to make payment for: IYIMV

Name(as on the card) _____

Billing address _____

Daytime telephone number _____

Email _____

Signed: _____ Date: _____

Please charge £35.00 to my card

Visa Delta MasterCard Maestro Electron JCB

Card No.

Expiry date Start date Issue No.

Security code (last 3 digits of the number on the back of the card)

Iyengar Yoga Institute Maida Vale, 223a Randolph Avenue, London WD 1NL