



Dear Gronowski Center client,

We understand that since the physical clinic has been closed, many of you have been asking how to make a payment for your services.

We have several options available to you.

- 1) You can mail a check or money order to the clinic. We have our financial office manager gathering the mail several times a week and posting any payments that come in. Our mailing address is: The Gronowski Center
 Attn: Financial Office Manager
 5150 El Camino Real Suite C-15
 Los Altos, CA 94022
- 2) You can complete the credit card form below and we will charge you for the specified amount. You can mail the form to the clinic (same address as above) or you can fax the form to our confidential fax # (650) 961-9310.

Thank you from all of us at the Clinic.

Gronowski Center Credit Card Payment Information

Gronowski Center client name _____

Name on credit card _____

Credit card number _____

Expiration date on card (XX/XX) _____

Security code (3 digits on back of card, or 4 numbers on front of card for Am Ex) _____

Billing address _____

City _____ State _____ Zip Code _____

Amount to be charged today \$ _____

I authorize The Gronowski Center to utilize my credit card information and process my payment.

Yes _____ No _____ Signature: _____