

ST. THOMAS MORE PARISH
PARISH SCHOOL OF RELIGION
CREDIT CARD AUTHORIZATION FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ OTHER PHONE: _____

TYPE OF CARD: VISA _____ MASTERCARD _____ AMER EXP _____

CREDIT CARD NUMBER: _____

3 DIGIT # ON BACK OF CARD: _____

EXPIRATION DATE: _____

EXACT NAME ON CARD: _____

AMOUNT OF CHARGE AUTHORIZED: _____

SIGNATURE: _____

Your credit card will be charged for the total amount due plus the 3% processing fee.

1 Child = \$87.55

2 Children = \$149.35

3+ Children = \$195.70