

ST. THOMAS MORE SCHOOL
CREDIT CARD AUTHORIZATION FORM
Registration Fees 2010-2011

Name _____ # _____

Office Use Only

Address _____

City _____ State _____ Zip _____

Type of Card: Visa MasterCard American Express

Credit Card Number: _____

V Code (enter the 3 or 4 digit security code on the back of your card) _____

Expiration Date: _____

Exact Name on Card _____

Amount \$ _____

Amount charged is for the school registration fees for 2010-2011

Signature _____