

HOLY CROSS CCD CREDIT CARD FORM

☐ VISA ☐ MASTER CARD ☐ DISCOVER

Credit Card No. _____

Expiration Date _____

Amount to be Charged: \$ _____

☐ One Time ☐ Monthly ☐ As Directed

Approval Code

Date _____

SIGNATURE _____ **DATE** _____

NAME (Printed) _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

HOLY CROSS CCD CASH/CHECK FORM

☐ PAY BY CHECK OR CASH

CHECK NUMBER: _____

Amount Pledged or Paid: \$ _____

☐ One Time ☐ Monthly ☐ As Directed

SIGNATURE _____ **DATE** _____

NAME (Printed) _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

Payment Made For:

☐ Tuition

☐ Scrip

☐ Sunday Offering

☐ Pre-School

☐ Hot Lunch

☐ CCD Fees

☐ Day Care

☐ Other (Specify): _____

Comments: _____

Prepared By: _____ Date _____