



KELOWNA CHRISTIAN SCHOOL

CREDIT CARD PAYMENT FORM

Payer Information

Please Print Clearly; for Receiving Purposes

First Name: _____ Initial: ____ Last name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Daytime Phone: _____ E-Mail Address: _____

Credit Card Information

Card Type: (check ✓) VISA or Master Card

Credit Card Number:

Expiry Date: MM YY 3-Digit Security No.:

Full Name on Credit Card: _____

Cardholder Signature: x _____

Payment Information

Payment Amount: \$ _____

Earliest Payment Date: DD MM YYYY

Your payment will be processed on or shortly after this date

Payment For: (check ✓) Regular Tuition
 Preschool Tuition
 Club Judah Before / After School Care Program
 Charitable Donation
 Other: _____

Payment Made for Whom?: _____ (i.e. Student and/or Family Name)

Special Notes / Comments: _____