

Credit Card Authorisation

Student's Name: _____ / Contributions

Name on Card: _____

Card Number: _____ SVN: _____

Card Expiry Date: _____

Amount: \$ _____

Please circle card type: Mastercard / Visa

Signature:

It would be appreciated if your child's school contribution could be paid to the School Office at your earliest convenience. **While contributions are voluntary, our learning programs will be greatly enhanced with these contributions.**

Yours sincerely

A. Hansen
Alan Hansen
Principal Primary

J Gorbould
Jayne Gorbould
Principal Ed Support