



ER Class of 2019 Graduation Credit Card Form

Parent's Name _____

Email Address _____

Phone # _____

Credit Card Type (circle one) Visa MC Amex

Card # _____

Expiration Date _____ Card security code _____

Address _____

Zip code of CC billing _____

Amount to be Charged \$ _____

Installment Option (up to 3) _____

Student's Name: _____

I have received and reviewed the 2018 Graduation Package Flyer. I am aware that November 2, 2018 is the deadline for my donation.

Parent's Signature _____

Student's Name _____

Homeroom _____

Date _____