



Credit Card Authorization Form

I hereby authorize the Heard Natural Science Museum to charge my credit card as detailed below: Please check all that apply.

One time on _____ in the amount of \$_____ for:
 Field Trip Badge Workshop Other: _____

Home School & Preschool Monthly Payment Plan:

Members:	Down Payment	Feb.	Mar.	Total
1 st Child Tuition	\$85	\$60	\$60	\$205
Payment Plan Fee (monthly)	\$5	\$5	\$5	\$15
<input type="checkbox"/> Total Charge to CC 1st Child\$	\$90	\$65	\$65	\$220
2nd Child Tuition (10% disc.)	\$76.50	\$54	\$54	\$184.50
Payment Plan Fee (1 time)	\$ 5.00	\$0	\$0	\$5.00
<input type="checkbox"/> Total Charge to CC per Sibling	\$81.50	\$54	\$54	\$189.50
x _____ # of siblings				

Non-Members:	Down Payment	Feb.	Mar.	Total
1 st Child Tuition	\$105	\$60	\$60	\$225
Payment Plan Fee (monthly)	\$5	\$5	\$5	\$15
<input type="checkbox"/> Total Charge to CC 1st Child	\$110	\$65	\$65	\$240
2nd Child Tuition (10% disc.)	\$94.50	\$54	\$54	\$202.50
Payment Plan Fee (1 time)	\$ 5.00	\$0	\$0	\$5.00
<input type="checkbox"/> Total Charge to CC per Sibling	\$99.50	\$54	\$54	\$207.50
x _____ # of siblings				

NOTE: THE HOME SCHOOL/PRE-SCHOOL DOWN PAYMENT IS DUE AT TIME OF REGISTRATION. THE MONTHLY PAYMENTS WILL BE CHARGED ON THE 1ST OF OCTOBER & NOVEMBER.

Name as it appears on card: _____

Billing address of card: _____

Type of Card:: AMEX MASTERCARD VISA

Credit Card Number: _____

Expiration Date: _____ CCV# (on back of card): _____

Signature _____ Date: _____