



J Serra Catholic High School

PAYMENT RECEIPT

DATE _____

NAME _____

Telephone/Cell Number _____

STUDENT NAME _____

PAYMENT FOR :

(ie. tuition, athletics, student activity, etc.)

AMOUNT \$ _____ CASH _____ CHECK # _____

CREDIT CARD : VISA - MC - AMERICAN EXPRESS

Credit Card # _____

Card Security Code (on reverse side) _____ ZIP Code _____

Exp date _____ Phone number _____

Printed name on credit card _____

A 2.5% charge will be assessed for every credit card transaction involving payments processed for tuition, participation or class fees.

Signature _____

BUSINESS OFFICE

RECEIVED BY: