

St. Michael in Old Town
Chicago, Illinois

CONFIDENTIAL Credit Card Charge Permission Form

If you wish to pay via credit card, please complete this confidential form and email or mail to Ms. Patricia Krier at St. Michael in Old Town 1633 N. Cleveland Avenue Chicago, IL 60614

Name as it appears on Credit Card: _____

Billing address: _____ Apt/Unit # _____

City/State/Zip Code _____, _____

Billing Telephone Number: _____

Credit Card Type: Visa ___ MasterCard ___ American Express ___ Discover _____

Credit Card Number: _____

Expiration Date: _____ SID (3 digit code on back) _____
(4 digit code on face AMEX) _____

Signature _____

Amount to be charged: \$ _____ for Registration and Books _____ and date to process payment _____

\$ _____ for Tuition and Sacrament fees _____ and date(s) to process _____, _____, _____

Email address for return receipt: _____

Thank you!