

Instructions for Credit Card Gifts/Payments

Visa Mastercard American Express Discover

Credit Card Number _____ Expiration Date: ____/____/____

Name (as it appears on card): _____

Billing Address _____

Signature: _____

Note: Initial credit card payment will be processed upon return of this commitment form. Subsequent payments will be processed on the 15th of each month per preferred schedule.



Please send this completed form to Harrison High School
If you need assistance or have any questions regarding this project, your pledge, or payment options,
please contact: Athletic Director Mark Meibers
Mark.Meibers@southwestschools.org