



**LUTHER
COLLEGE**
HIGH SCHOOL

Student Name: _____

Student ID# _____

Credit Card Payment Details

Credit Card Type	Mastercard or Visa (circle one)
Name on Card	
Card Number	
Expiry Date	
CSV code	
Amount of Payment	\$
Reason for Payment (i.e lunch plan, football fees)	

Signature: _____

Date: _____

Please submit your completed form by:

- 1) Email: tess.kossick@luthercollege.edu
- 2) Fax: (306) 359-6962
- 3) In person at the finance office