



**LUTHER  
COLLEGE**  
HIGH SCHOOL

**Student Name:** \_\_\_\_\_

### Credit Card Payment Details

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

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please submit your completed form by:

- 1) Email: [lutherhs@luthercollege.edu](mailto:lutherhs@luthercollege.edu)
- 2) Fax: (306) 359-6962
- 3) In person at the main office