

SCHOOL FEE

Please return this form with valid credit card information. For more information please contact Patricia Adams, Friends board member at padams@blackmankallick.com

Friends and Family of South Loop School, Inc. Credit Card Authorization

Date _____

Name: _____

Email _____ Tel # _____

Child(ren) Name(s) _____

Room Number _____

I/We authorize Friends and Family of South loop School to charge the following school fee on the card listed below:

Payment By:

Credit Card/Card Type _____

Name as Appears on Card _____

Card Number _____

(3 digit security code) _____ Expiration Date _____

Billing address for card _____

Zip Code _____

I authorize the charging of funds on the credit card above (Sign on line below)

If paying by credit card by mail: South Loop School, c/o Friends and Family of South Loop, 1212 S. Plymouth, Chicago, IL 60605 or hand deliver to the school's main office.

Thank you for your support of South Loop School!

The Internal Revenue Service has indicated that the amount of the charitable contribution is limited to the excess of the amount of cash (and/or property) contributed by the donor, over the value of any goods or services received by the donor in connection with the contribution. **No services or goods were provided in exchange for or in connection with this donation.**