



AUTOMATIC TUITION PAYMENTS

I authorize Camp Kiwi Inc. (for the Kiwi School) to charge my **credit card** for _____ 's school tuition for the following
(child's name)
amounts:

- Deposit:** \$500 Date: _____
- Monthly:** Aug. \$____
Sep. \$____
Oct. \$____
Nov. \$____
Dec. \$____
Jan. \$____
Feb. \$____
Mar. \$____ Total: _____

Credit Card: Visa _____ Mastercard _____ Discover _____

Acct. No. _____

Exp. Date _____ CVV2 (security code) _____

Name: _____
(print)

Credit Card
Billing Address: _____

Phone: _____

Signature: _____ Date: _____

Please Fax or send to the following address:

P: **845.277.3876** • F: 845.277.0875 • www.campkiwi.com
825 Union Valley Road • P.O. Box 435 • Mahopac, NY 10541