Payment Coupons

DATE: _____ **CENTER** _____

PARENT NAME: _____

CHILD ONE: _____ GRADE _____

Receipt Request: ☐Stamped Envelope Enclosed ☐Send to Center

TOTAL ENCLOSED $_____ CHECK # _____

MAIL TO: CLAYTON YOUTH ENRICHMENT SERVICES, 1215 Country Club Lane, Fort Worth, TX 76112

For All Credit Card Payments

☐ **American Express** ☐ **Discover**
☐ **MasterCard** ☐ **Visa**

Checking or Credit Card on File:_____ **last 4 digits only**

Amount $_____

Credit Card full #:_____
(use if card not on file with Clayton YES!)

Expiration Date: _____

Signature: _____

Cut Along Dotted Line

Payment Coupons

DATE: _____ **CENTER** _____

PARENT NAME: _____

CHILD ONE: _____ GRADE _____

Receipt Request: ☐Stamped Envelope Enclosed ☐Send to Center

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