

St. Thomas Aquinas High School
2801 SW 12th Street
Ft. Lauderdale, FL 33312
Phone: (954) 581-0700
Fax: (954) 581-8263

Individual Credit Card Charge

Credit Card #: _____

Expiration Date: _____

Name On Card: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Student Name: _____

Student Number: _____

I authorize STA to charge \$ _____ to my (Visa, MC, Amex or Discover)

(Signature)

(Date)