



SPONSOR'S COMMITMENT FORM—FOR SPONSOR TO FILL OUT

I am willing to assist the following student, _____, in paying his/her tuition fee while at Spring Vale Academy. The amount of my commitment will be:

1. A one time payment of \$_____. Please find check # _____ enclosed.
2. _____ to be made (circle one): monthly, quarterly, or at the beginning of each semester.
No. of Payments
Enclosed please find check # _____ in the amount of \$_____. The remaining payments will be:
 - (a) paid by checks sent to SVA by the _____ of each month; or
 - (b) deducted by automatic withdrawal. You are authorized to deduct the amount of \$_____ monthly on the following day(s) (check one):
1st 5th 10th 15th 20th 25th of each month for _____ months. Starting ___/___/___
(Attach a copy of your voided check.)
 - (c) charged to my credit card on the _____ of each month:
1st 5th 10th 15th 20th 25th of each month for _____ months. Starting ___/___/___
 - (d) paid by check before the following dates for each quarter:
October 15th—Second Quarter December 15th—Third Quarter March 15th—Fourth Quarter; or
 - (e) paid by check on or before January 15th of the next semester.

Name of Sponsor

Sponsor's Signature

Date

Credit Card Information:

- VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Cardholder's Name: _____ Home Number: _____

Card Number: _____ Expiration Date: _____ (MM/YY)

Billing Information

Address 1: _____

Address 2: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Country: _____