



4150 South M-52 Owosso, MI 48867 Phone: 989-725-2391 Fax: 989-729-6408

SPONSOR'S COMMITMENT FORM—FOR SPONSOR TO FILL OUT

I am willing to assist _____ in paying his/her tuition fee
Name of Student
 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 (check 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 (check all that apply):

- (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

 Name of Witness Witnesses 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: _____