

# Directory Distribution Payment Form

**Your Name:**

**Your Student's Name and Grade:**

**Amount of Payment:**

**(\$60 is suggested and includes a directory, \$10 for additional directory, any additional donation is greatly appreciated.)**

**Type of Payment**

<input type="checkbox"/>	<b>Cash</b>		
<input type="checkbox"/>	<b>Check To NSHS PTSO</b>	<b>Check Number:</b>	
<input type="checkbox"/>	<b>Credit Card</b>	<b>Last 4 numbers of CC:</b>	

**Initials of Person Receiving Payment**