

3. Complete your payment information:

Name		
Phone Number(s)		
Street Address		
City	State	Zip
\$ Total Amount	☐ Cash ☐ Check (Payable to Comm ☐ Visa, Master Card and I	•
Credit Card Number		
Security Code	Expiration Date	
Cardholder Signature	_	Date

Return completed form and payment to: Community Montessori

ATTN: Maria's Way 4102 St. Joseph Road New Albany, IN 47150

For more information contact Melissa Weissinger at 812-948-1000 ext.1230 or mweissinger@shiningminds.com.

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