

Pre-College Summer Studio 2011

Tuition Balance Form

****To find out your outstanding balance, please call the business office at 617-369-3632****

Student Name _____

Enclosed is my payment. I understand that the **full balance of \$**_____is due by May 25th, 2011.

PAYMENT:

CHECKS: Please make payable to: the School of the Museum of Fine Arts, Boston

CREDIT CARD: I hereby authorize the School of the Museum of Fine Arts to charge my MasterCard or Visa as indicated below.

MasterCard/Visa # _____

Exp. Date ___ / ___ 3 Digit Security ID (located on back of card) _____

Billing Address Zip Code _____

Amount to Charge: (please check one)

BALANCE: _____

Card Holder's Name _____

Signature _____ Date ___ / ___ / ___

Card Holder's Daytime Telephone Number: (____) _____ -- _____

Mail or fax Tuition Balance Form Confirmation to:

**School of the Museum of Fine Arts, Boston
Continuing Education
230 The Fenway
Boston, MA 02115
Fax: 617-369-3679**