



Payment Coupons

DATE: _____ CENTER _____

PARENT NAME: _____

CHILD ONE: _____ GRADE _____

Receipt Request: Stamped Envelope Enclosed Send to Center

TOTAL ENCLOSED \$ _____ CHECK # _____

MAIL TO: CLAYTON YOUTH ENRICHMENT SERVICES, 1215 Country Club Lane, Fort Worth, TX 76112

Cut Along Dotted Line

For All Credit Card Payments

- American Express Discover
- MasterCard Visa

Checking or Credit Card on File: _____ last 4 digits only
Amount \$ _____

Credit Card full #: _____
(use if card not on file with Clayton YES!)

Expiration Date: _____

Signature: _____



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