

Payment Form



Pioneer Band Association

This form may be used for all band program fees, activities, fundraising and donations.

Make checks payable to *Pioneer Band Association*.

I am submitting a payment with this form.

Student Name _____

Telephone _____

Payment for _____

Amount \$ _____ Cash Check Debit/Credit Card



Debit/Credit Card # _____

Expiration: month _____ year _____

Security Code (3 or 4 digits on back of card) _____

Name as it appears on the card _____

Signature _____

I am requesting to be invoiced via U.S. Mail for program fees, activities, and donations designated by me.

Parent Name _____

Address _____

I am requesting to be invoiced via e-mail for program fees, activities, and donations designated by me.

E-mail address _____

PBA Mailing Address: Pioneer Band Association
601 W. Stadium Blvd.
Ann Arbor, MI 48103

PBA Vt gctmt gt: bookkeeper@aapioneerbands.org