



**PAYMENT VOUCHER**

DATE: \_\_\_\_\_

Student Name \_\_\_\_\_

Instructor \_\_\_\_\_

Payment Amount \$ \_\_\_\_\_ Lesson Date(s) \_\_\_\_\_

Cash enclosed.  Check enclosed, payable to Grand Opera House.

Please charge my:  Visa  MasterCard  American Express  Discover

Card # \_\_\_\_\_

Exp. date \_\_\_\_\_ / \_\_\_\_\_ CCV # \_\_\_\_\_

Signature \_\_\_\_\_

Payments may be mailed to: Arts Academy, 818 N. Market St, Wilmington, DE 19801 or hand deliver to the administrative office (second floor, above the baby grand).

FOR OFFICE USE ONLY Date Processed: _____ Order # _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Auth # _____
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