

Please mail to:
Bard Conservatory of Music Preparatory Division
30 Campus Road
Annandale on Hudson, NY 12504

Bard College
PO Box 5000
Annandale-on-Hudson, NY 12504

****Authorization to charge tuition payments****

Child's Name: _____

Parent/Cardholder Name: _____

Address: _____

Phone number: _____

Amount: _____

****This shall serve as authorization for Bard College to charge my credit card*****

Please charge my : MASTERCARD / VISA / AMEX

Card number: _____

Expiration date: _____

Name as it appears on card: _____

Signature: _____