



I would like to add money to the Raider Plan for:

Student Name (First, MI, Last) _____

ID Number is _____

Street Address

City State Zip Code

Home Phone (___ ___ j ___ - ___ - ___ - ___)

PAYMENT INFORMATION

\$ _____ Amount to added to **Raider Plan**

Credit Card Number

Expiration Date

___ Master Card ___ Visa ___ Discover

Name on Card

Signature

Date

**Fax to: Office of Student Accounts
Milwaukee School of Engineering
(414) 277-4535**

Questions: Call (414) 277-7130