

## PLANTS GROW CHILDREN PAYMENT AGREEMENT FORM

**This form must accompany your SCHEDULING FORM  
or we will not be able to honor your request for classes.**

*I would like my school to participate in the program this year and I agree to the cost of \$.25 per child receiving the program. I understand that we will not be billed if a class is canceled by us or by the program. I also understand that invoices will not be received until early June.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**School:** \_\_\_\_\_

### BILLING INFORMATION

**Please provide a purchase order or a purchase order number, if one will be needed for us to receive payment:**

**Purchase Order Number:** \_\_\_\_\_

**PO not available right now, we will send you the PO Number later**

**PO Not Needed, will pay by check after billing**

**PO Not Needed, will pay by personal check after billing \***

**\* If you will pay for this program by collecting money from individual students, we request that the money be paid in the form of a personal check after billing, with only one check per school. Because we would like every student to be able to participate in the hands-on activity, the Master Gardener Foundation will provide "scholarships" to students that are unable to pay for the program.**

**Send invoices to:**

**Name:** \_\_\_\_\_

**Attention:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Return this form and the scheduling form to:**

Plants Grow Children  
WSU Extension  
5600-E West Canal Dr.

Kennewick, WA 99336