



Complete and mail to:
PO Box 1305 Doylestown, PA 18901-0117



Hawk Cash Deposit Slip for:

Student Name: _____

8 Digit ID#: _ _ _ _ _

Estimated Expenses Per Semester	
Textbooks & Supplies	\$450 - \$1,000
Meals/Snacks & Services	\$350
Copy & Print	_____ \$50
Total	\$850-\$1,400

Make your check payable to: Hawk Card
Please include 8 digit ID# in memo line

Hawk Cash Deposit Amount:
 \$1,400 \$850 \$350 \$100

\$_____ **Other**

Parent e-mail address for Hawk Card information & updates

Phone number for questions about this deposit

*Please direct questions to the Hawk Card Service Center at **1.866.341.0101** Mon.—Fri. 8 a.m.—6 p.m. ET or visit www.sjuhawcard.com.*



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