



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



Mustang Cash Deposit Slip for:

Make your check payable to: Mount Ida One Card

Student Name: _____

Please include Student 9 digit ID# in memo line

Student 9 Digit ID#: _ _ _ _ _

Mustang Cash Deposit Amount:

\$1,300 \$1,000 \$750 \$500

\$_____ Other

<i>Estimated Expenses Per Semester</i>	
Textbooks & Supplies	\$500-\$700
Meals & Snacks*	\$150-\$500
Other _____	_____ \$100
Total to Start Semester	\$750-\$1,300

Parent e-mail address for Mount Ida One Card information & updates

Phone number for questions about this deposit

**Varies Based on Meal Plan Participation*

Please direct questions to the Mount Ida One Card Service Center at **1.888.424.4045**

Mon.—Fri. 8 a.m.—6 p.m. ET or visit www.mountidaonecard.com.



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