PAWS
Parents at Woodland Hills Private School

22555 Oxnard Street, Woodland Hills, CA 91367

CONFIDENTIAL

Cardholder's Name: _____

Email: _____

Student Name and Room # _____

Event Name: 2022 Auction/Gala_____

Total Amount of Purchase to be charged to my credit card: $_____

Type of card: _____ (Visa, M/C, etc.)

Credit Card number: _____

Billing Zip Code: _____

CVV Code: _____

I, the undersigned agree, understand and authorize the amount shown above to be charged to my credit card.

_____ _____
Signature Date

ALL CREDIT CARD FORMS ARE DESTROYED ONCE THE PAYMENT HAS BEEN APPROVED AND CONFIRMED