

WOLF BRANCH PTC CREDIT CARD AUTHORIZATION

This form authorizes Wolf Branch PTC to run my credit card for the total amount of my purchase. The Credit Card receipt will be sent home with any orders mailed or sent into school.

1. Print Name _____

Card Type: Visa MasterCard Discover American Express

Card Number: _____

V Number on Back of Card: _____

Expiration Date: ____/____

Cardholder Signature: _____

Card Billing Address: _____

Home Phone: _____

Cell Phone: _____

Students Name: _____

Teacher & Grade: _____

Date: _____

Any questions or concerns please contact Terri Dambacher
@wolfbranchptc@gmail.com or call 618-235-3627.