



232 Main Street
Port Washington, NY 11050

I hereby authorize Port Washington Children's Center to charge my fees for (*indicate child's/children's name and describe transaction*):

to my credit card. The credit card information is as follows:

Type (*check one*):

Visa_____ AMEX_____ MasterCard_____ Discover_____

Card Number:_____

Exp. Date:_____

Security Code:_____

Amount:_____ One Time_____ Monthly_____

Print Name:_____

Signature:_____

Date:_____