



124 S. Isabel Street, Glendale, CA 91205
Phone: 818-241-2184 • Fax: 818-240-3572



EVENT PAYMENT FORM

Sign and complete this form to authorize the Glendale Association of Realtors® to make debit(s) to your credit card listed below. You will be charged for the total amount due.

Name: _____

Member ID: _____ Office Name: _____
GAOR Member Only GAOR Member Only

I authorize the Glendale Association of REALTORS® (GAOR) to charge my credit card for the items checked below:

EVENT	
Ticket: Paint Night - \$50	Number of Tickets
Sponsor:	Amount

TOTAL AMOUNT TO BE CHARGED: \$ _____

Notes: If buying more than one ticket, feel free to list the names here so we can add them to our roster.

Email Address: _____ Phone# _____

Credit Card Type: Visa MasterCard Amex Discover

Credit Card Number: _____

Cardholder Name: _____ Expiration Date: _____

Billing Address: _____

Cardholder Signature: _____ Today's Date: _____

PLEASE FAX TO: 818-240-3572 or EMAIL TO: GAOR@GAOR.ORG