



Golden ANNIVERSARY VISIONARY AWARDS DINNER & SILENT AUCTION

SMART BID # FORM

Please print clearly – Fill out the highlighted portions

Who is authorized to use this credit card? *Please list all names.*

Name #1	[REDACTED]	BID Number: _____	Table Number: _____
Name #2	[REDACTED]	BID Number: _____	Table Number: _____
Name #3	[REDACTED]	BID Number: _____	Table Number: _____

PRICE	ITEM
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL	_____

Thank you for supporting East West Players!

Phone Number: [REDACTED]

Email Address: [REDACTED]

(Your credit card receipt will be emailed to you)

Type of Credit Card:

- Visa
 Mastercard
 American Express
 Discover

Name on Card: [REDACTED]

Signature: [REDACTED]

Credit Card Number: [REDACTED]

Expiration Date (mm/yy): [REDACTED] CVV Security Code: [REDACTED]

All credit card information will be destroyed once all transactions are processed. Please contact Meredith Patt with any questions mpatt@eastwestplayers.org, 213-625-7000, ext. 16.