

Raskob Parent Association



Dues Credit Card Payment Option

If you would like to contribute to the RPA via a credit card payment please provide the information below.

Please select what works best for your family:

_____ \$100 Suggested Contribution _____ Other Amount [\$_____]

TO PAY VIA CREDIT CARD

Credit Card Number: _____ - _____ - _____ - _____

Credit Card Exp. Date: ____ - _____

3 or 4 Digit Code on back of Card: _____ (On American Express it is located on the front)

Name on Card: _____

Authorized Amount: _____

I authorize Holy Names University to deduct the above listed amount for RPA Dues at Raskob Day School from the card named above.

Authorized Signature: _____ Date: _____

Print Name: _____

Please Return this form to Marlen Valle at the front desk, or mail to:

Raskob Day School- RPA• 3520 Mountain Blvd., Oakland, CA 94619