



School Lunch Payment Form
West End Pasta Wednesdays!

Date: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Total Payment: _____

Credit Card #: _____

Expiration Date: _____ 3-digit code: _____

Name of Card: _____

(Cards will remain on file)

Personal Check #: _____

Parent Name: _____ Email: _____

Phone: _____

Link to West End Website for Meal Selection: <https://goo.gl/6ruRcM>