



2011 MELIA FAMILY
MONTHLY DONATION AUTHORIZATION

Credit Card Payment Authorization for Recurring Monthly Donations

Last Name First Name Middle name/initial

Phone # ( ) e-mail address @

Cardholder Information

Name on the Credit Card Monthly Donation Amount \$

Credit Card billing address City State Zip

Mastercard Visa American Express

Credit Card Number

Expiration date: Card Security Code\*

\*In the signature box on the back of the card, you should see either the entire 16-digit credit card number or just the last four digits followed by a 3-digit code.

As the credit card holder, I hereby authorize Orphan's Hope Project, Inc. to set up automatic payments to charge my credit card the amount of \$ each month beginning on , 2011.

Cardholder Signature Date , 2011

Your completion of this authorization form helps us to protect you, our valued donors, from credit card fraud.