



DOOR OF HOPE INTERNATIONAL

www.dohi.org

P.O. BOX 303, GLENDALE, CA 91209

TEL.: (818) 541-9942

We also accept donations by credit card!

Credit Card Payment Authorization Form

Sign and complete this form to authorize Door of Hope International to make a one-time or monthly debit to your credit card listed below.

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Please complete the information below:

I _____ authorize **Door of Hope International** to charge my credit card
(full name)

___ I am authorizing monthly payments of \$ _____ on the (day) _____

Starting date _____ Final date _____

___ I am authorizing one-time payment of \$ _____ on or after (date) _____

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: Visa MasterCard AMEX

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____ DATE _____

I authorize Door of Hope International to charge the credit card indicated in this authorization form. This payment authorization is valid for either one time or monthly use. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated in this form.