



**OPERATION EDUCATION  
Credit Card Authorization Form**

I, \_\_\_\_\_, hereby authorize Handfuls of Hope, Inc., to charge my credit card account in the amount of

- \$35 every month
- \$420 every year

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ Security Code: \_\_\_\_\_

**Credit Card Billing Address:**

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

I agree that a copy of this document, including a faxed copy, shall be valid to bind me.

\*Your completion of this form helps us to protect you, our valued partners, from credit card fraud. Handfuls of Hope, Inc. will keep all information entered on this form strictly confidential.