



## Credit Card Authorization Form

Operation Walk would like to thank you for your donation. Your donation will help fund a trip to a country that has a critical need of our specialized medical and surgical care as well as provide care in the USA. We are a 501(c)3 organization under The Dorr Institute for Arthritis Research and Education. Your donation is tax deductible.

YES, I WOULD LIKE TO MAKE A DIFFERENCE AND MAKE A GIFT OF:

### CARDHOLDER INFORMATION

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

Billing Street Address: \_\_\_\_\_

Street Address (cont.): \_\_\_\_\_

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

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

Address: \_\_\_\_\_

Direct Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### GIFT INFORMATION

I authorize a one-time charge against my credit card for the follow amount \$ \_\_\_\_\_

### CREDIT CARD INFORMATION

Credit Card Type:  MasterCard  Visa  American Express  Discover Card

Number: \_\_\_\_\_

Expiration Month: \_\_\_\_\_ Expiration Year: \_\_\_\_\_

Cardholder Signature X \_\_\_\_\_ Date//\_\_\_\_

Security Code ( Important ) : \_\_\_\_\_