



Celebration of Hope
PO Box 80248
Springfield, MA 01138
413-788-7514

Committed to raise funds and awareness to improve the health of people in our communities by supporting local agencies and raising awareness of ways in which people can prevent cancer.

Credit Card Transaction Authorization

Print out this form and complete then mail to the above PO Box

DO NOT EMAIL YOUR CREDIT CARD NUMBER FOR SECURITY REASONS....thank you!

Please complete this form to authorize your credit card transaction for a **one time** donation.

American Express _____ Discover _____ MasterCard _____ Visa _____

Dollar amount of donation: \$ _____

Card number: _____

Expiration date: _____ Security code: _____

Name as it appears on the card: _____

Billing address: _____

City: _____ State: _____ Zip: _____

Preferred phone: _____ Alternate phone: _____

I authorize to charge this credit card as indicated above. This authorization is for a **one-time only** credit card transaction.

Signature: _____

For security purposes only the last 4 digits of your credit card will be stored in our records.

Please mail this form to the PO Box listed on the top of the form.

If you have any questions please use our contact page and someone will be in touch with you shortly. Thank you for your generosity and believing in our mission.

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