

**CONTACT INFO: Please print legibly**

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

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

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

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

**Monthly Partnership:**

My monthly partnership will be: \$30 | \$40 | \$50 | \$100

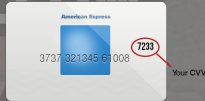
Debit / Credit Card Info:

Visa | MasterCard | Discover | American Express

Name on Card: \_\_\_\_\_

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

Security Code: \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_ mm/yy  
(3 digit code on the back of VISA, MasterCard, Discover and 4 digit code on the front of AmEx)



**Billing Address:** if different than mailing

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

By signing below, I am stating that I am authorized to use the debit/credit card above, and I have provided a valid card number. I understand that the above card will be charged for my first month of membership at the time this form is processed. Every month following, my donation will be debited from the credit card information I have provided. This is a membership that I am free to cancel at any time

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_



PO Box 574994 Orlando, FL 32857-4994  
www.weareworldhope.com  
Contributions are tax deductible;  
World Hope is a non-profit organization.