



## One-Time Credit Card Payment Authorization

This form authorizes Operation Peace of Mind to have your tax deductible contribution deducted from your credit card account. Simply complete this form and return it to us. The amount indicated will be charged to your credit card account.

Credit Card Type	<input type="checkbox"/> AMEX	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	month / year
Credit Card Number	<input type="text"/>				Exp. <input type="text"/>
Name As Shown On Card	<input type="text"/>				
Amount Charged to Card	<input type="text"/>				

I authorize Operation Peace of Mind to initiate a one-time charge to the credit card account noted above.

Card Holder Signature

Date

Phone Number

### Questions? Contact Us:

Phone: 972-221-7202    Fax: 972-436-5709    Email: [info@opmnig.org](mailto:info@opmnig.org)    Address: 705 S. Mill St., Ste. 105, Lewisville, TX 75057



## Automatic Monthly Credit Card Payment Authorization

This form authorizes Operation Peace of Mind to have your monthly tax deductible contribution deducted from your credit card account. Simply complete this form and return it to us. Contributions will be charge to your credit card account on the \_\_\_\_\_ of each month.

Credit Card Type	<input type="checkbox"/> AMEX	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	month / year
Credit Card Number	<input type="text"/>				Exp. <input type="text"/>
Name As Shown On Card	<input type="text"/>				
Amount Charged Monthly	<input type="text"/>				

I authorize Operation Peace of Mind to initiate automatic monthly charges to the credit card account noted above. I may cancel this arrangement at any time by giving written notice.

Card Holder Signature

Date

Phone Number

### Questions? Contact Us:

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