

Credit Card Information:

One-time payment: Charge my credit card this amount: \$

Credit Card Number:

Expiration Date: /

Security Number: (3 digit number on the back of the credit card)

Name on Credit Card: *(please print)* _____

Contact Information: *(please print)*

First Name: _____

Last Name: _____

Street / PO Box _____

City: _____ State / ZIP Code: _____

Phone: _____

Project I want to support:

- Orphanage project Food for the hungry
 School project Where it's needed most

Note: We are processing credit cards through Bouchard Physical Therapy Services (a division of Light of Life Ministries, Inc.) in order to eliminate overhead cost.

I hereby authorize Light of Life Ministries to charge the amount indicated above to my credit card.

Signature

Date

Please mail this form to: Light of Life Ministries, 160 Riverside Drive, Augusta, ME 04330
Or send it via fax to: (207) 623-2874