



Giving Hope ♥ Helping Families ♥ Blessing Lives

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Credit Card Payment Authorization Form

Sign and complete this form to authorize Community Pantry (aka: Valley Community Pantry & VCP Cares) to make a one time or to keep on file for all future debits to your credit card listed below or to keep this card on file for future donations.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only unless agreed by the customer to be used for all future orders and appropriate box checked below.

Please complete the information below:

I, (full name), authorize the Community Pantry to charge my credit card account indicated below for \$ (amount) on (date). This payment is for: (description of goods/services).

Billing Address Phone#
City, State, Zip Email:

Single Transaction Only Continued Monthly Donation

Account Type: [] Visa [] MasterCard [] AMEX [] Discover
Cardholder Name
Account Number
Expiration Date Billing Zip Code:
CVV2 (3-digit number on back of Visa/MC, 4 digits on front of AMEX)

SIGNATURE DATE

I authorize the above-named person or business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only unless check marked for all future transactions. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.