

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"/>	CVV2 Code			<input type="text"/>

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
Card Holder Signature	Date	Phone Number
<input type="text"/>		
Card Holder Billing Address	State	Zip

Questions? Contact Us:

Phone: 972-221-7202 Fax: 972-436-5709 Email: info@opmnig.org Address: 383 Perry Street, 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"/>	CVV2 Code			<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.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Card Holder Signature	Date	Phone Number
<input type="text"/>		
Card Holder Billing Address	State	Zip

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