



Credit Card Authorization Form

Team Member: _____

Payment Amount: _____

Name on Credit Card: _____

Billing Address: _____

Circle: Visa / Mastercard

Credit Card Number: _____

Exp. Date: _____ Security Code: _____

If receipt is desired, please provide email address: _____

Email: Colleen.salvino@gmail.com

3% charge for using credit card.

1/27 -\$ 500 Non-refundable deposit.

For Checks:

World Mission Partners 5226 Peachtree Rd. Ste 195 Atlanta, GA 30341