



Credit Authorization Form
To Help Change Lives!

| | | |
|---|-------------------------------|-------------------------------------|
| Name : | | |
| Address: | | |
| City | State | Zip |
| <input type="checkbox"/> American Express | <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard |
| <input type="checkbox"/> Discover | | |
| Amount \$ | | |
| Credit Card Number | Expiration Date (Mo & Year) | |

I authorize People for People Inc. to charge my account for the amount specified on this document. People for People will keep this information in strict confidence and it will not be used in any inappropriate manner nor given or sold to any third party for any reason.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

Please fax to People for People, Inc. at (215) 235-4013

Thank you for supporting our important work! Together we will change lives!