

# Hope Medical Clinic, Inc.

P.O. Box 980311, Ypsilanti, MI 48198-0311  
Phone: 734-484-2989 Fax: 734-484-6825  
www.thehopeclinic.org

## Authorization for Credit Card Donation

I hereby authorize Hope Medical Clinic, Inc. to charge  
\$ \_\_\_\_\_ to my credit card listed below, in sponsorship of  
\_\_\_\_\_ for the Big House Big Heart Race.

Card Type:  Visa  Mastercard  Discover

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

email: \_\_\_\_\_

For office use only:  
Hope Clinic ID: \_\_\_\_\_



# Hope Medical Clinic, Inc.

P.O. Box 980311, Ypsilanti, MI 48198-0311  
Phone: 734-484-2989 Fax: 734-484-6825  
www.thehopeclinic.org

## Authorization for Credit Card Donation

I hereby authorize Hope Medical Clinic, Inc. to charge  
\$ \_\_\_\_\_ to my credit card listed below, in sponsorship of  
\_\_\_\_\_ for the Big House Big Heart Race.

Card Type:  Visa  Mastercard  Discover

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

email: \_\_\_\_\_

For office use only:  
Hope Clinic ID: \_\_\_\_\_



# Hope Medical Clinic, Inc.

P.O. Box 980311, Ypsilanti, MI 48198-0311  
Phone: 734-484-2989 Fax: 734-484-6825  
www.thehopeclinic.org

## Authorization for Credit Card Donation

I hereby authorize Hope Medical Clinic, Inc. to charge  
\$ \_\_\_\_\_ to my credit card listed below, in sponsorship of  
\_\_\_\_\_ for the Big House Big Heart Race.

Card Type:  Visa  Mastercard  Discover

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

email: \_\_\_\_\_

For office use only:  
Hope Clinic ID: \_\_\_\_\_



# Hope Medical Clinic, Inc.

P.O. Box 980311, Ypsilanti, MI 48198-0311  
Phone: 734-484-2989 Fax: 734-484-6825  
www.thehopeclinic.org

## Authorization for Credit Card Donation

I hereby authorize Hope Medical Clinic, Inc. to charge  
\$ \_\_\_\_\_ to my credit card listed below, in sponsorship of  
\_\_\_\_\_ for the Big House Big Heart Race.

Card Type:  Visa  Mastercard  Discover

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

email: \_\_\_\_\_

For office use only:  
Hope Clinic ID: \_\_\_\_\_

