

THE RADIANT PEACE FOUNDATION INTERNATIONAL, INC.

Donation via Credit Card

Date(s) _____

For recurring charges, please put each date you want to authorize this charge

Name _____

Name as it appears on your credit card (if different)

Billing Address _____

Credit Card: **Visa** **MasterCard** **Discover**

_____ **Expires** _____

Security code (3 digits) _____ **Amount \$** _____

Signature _____

*Fax to 727-343-8212 or mail to
The Radiant Peace Foundation International, Inc.
P.O. Box 40822
St. Petersburg FL 33743
Thank you!*

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- - - - - For Office Use Only - - - - -

Processed by _____

Date _____

Approval # _____