



We're Flying For Your Life®

**DONATION AUTHORIZATION**

**BY CREDIT CARD:**

In lieu of my credit card imprint, I \_\_\_\_\_ hereby authorize **MIRACLE**  
(Name of cardholder as shown on Credit Card)

**FLIGHTS FOR KIDS** to charge my donation to my *Circle: MasterCard, Visa, American Express, Discover* number \_\_\_\_\_, Exp. Date \_\_\_\_\_ in the total amount of US \$ \_\_\_\_\_ (\$50 per adult) for a flight for \_\_\_\_\_ and \_\_\_\_\_.  
(Patient Name) (Full name of Passengers if other than Cardholder)

My Credit Card Billing address: \_\_\_\_\_ Phone: (Home): \_\_\_\_\_  
\_\_\_\_\_ (Business): \_\_\_\_\_  
\_\_\_\_\_ (Cell): \_\_\_\_\_

**NOTE:**

- Card member acknowledges that the donation is non-refundable.
- Card member acknowledges that there may be specific penalties for canceling reservations after ticketing and agrees to pay such penalties.

**X** \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Card member)

**BY PERSONAL CHECK OR MONEY ORDER:**

Amount of check: \_\_\_\_\_

Please make checks payable to: Miracle Flights for Kids  
Attn: Flight Department  
2764 N. Green Valley Pkwy #115  
Green Valley, NV 89014-2120

Name as it appears: \_\_\_\_\_

Check Number: \_\_\_\_\_

- ➔ If remitting a check note the patient's name in the memo section of the check.
- ➔ This form must be submitted to Miracle Flights for Kids prior to ticketing. Fraudulent statements or representation shall be considered sufficient cause for denial of service.

**MIRACLE FLIGHTS FOR KIDS**

2764 N. Green Valley Pkwy. #115, Green Valley, NV 89014-2120 ➔ Phone (702) 261-0494 ➔ Fax (702) 261-0497  
www.miracleflightsforkids.org