



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* 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 _____
(Signature of Card member)

Date: _____

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