Hands Across The Valley

TOWARDS A COMMUNITY WITHOUT HUNGER

Benefiting Food Programs Throughout Napa County

Thank you for your Donation!!

(Donations are tax deductible – Non-Profit Tax I.D. #68-0385193)

Credit Card Authorization Form

Name on the Card: _____

Type of Card: Visa ☐ MC ☐ AmEx ☐ Discover ☐

Other ☐ _____

Account Number _____

Expiration Date _____

Security Code _____

Billing Address _____

City, State, Zip _____

Phone Number _____

Amount to charge: _____

I authorize **Hands Across the Valley** to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for these services in accordance with the issuing bank cardholder agreement.

Cardholder-Please Sign and Date Below:

Signed: _____ Date: _____

Please email completed form to:
sean@seandempseynv.com

or Mail to:
P.O. Box 5404 Napa, California 94581

Thank you so much for your support!