PRINT THEN FAX COMPLETED FORM TO: (941)

CREDIT CARD AUTHORIZATION

In lieu of my credit card imprint, I hereby authorize Hearts Afire, Inc. to charge my:

Type of Credit Card (circle one): Visa MasterCard

Name on Card: _____

Card Number: _____ Expiry Date: _____

Security code (on back of card): _____ In the total amount of: US$_____(*)

Description of Goods / Services: _____ (*)

Credit Card Billing Address:
(YOUR RECEIPT WILL ALSO BE MAILED HERE). Please print clearly and provide complete address info.

_____

_____

_____Zipcode:_____

Billing Phone: (____) _____ Daytime Contact Phone: (____) _____

_____ _____
Authorized Signature (Name on Card) Date

* note: Only certain charges listed above may or may not be allowable or considered as a donation to a certified non-profit. Please consult your tax advisor.

Fax Completed Form to:

Hearts Afire, Inc. Fax: (941) 552-1571 -- or --

Mail to our office at: Hearts Afire, Inc.
1425 S. Osprey Ave., Suite 7
Sarasota, FL 34239

Questions?

Contact Barb Fager, Office Manager, (941) 552-1584
Email: barb@heartsafire.us