

Royal  Hearts

Name: _____ Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

How much do you want to give monthly? (Circle One) \$25 \$50 \$100 \$200 \$300 Other: _____

What method will you give by? Check/Money Order, Debit Card/Credit Card: _____

If it's by mail please make donation out to **Palace Of Peace** and mail your check or money order to: **P. O. Box 28582 Jacksonville, FL 32226**

If it's by debit card/credit card please, fill out the following section: (Write legibly)

Note: If you don't want your card saved by the organization you will have to call your donation in every month or sign up for automatic donation withdrawal through **PayPal**.

Card Type: ___ Visa ___ Master Card ___ Discovery ___ American Express

Card Number: _____

Expiration Date: _____ Security Code: _____ Zip Code: _____

Is the address for the card the same as the one above? Yes or No if not, what is the billing address? _____

Planned Giver Signature: _____

Administration Use Only

Membership Start Date: _____ Member Number: _____

Comment(s): _____

Processed By: _____ Date: _____