

**KATHERINE WOLF HELPING HANDS ACCOUNT**

Helping Hands Ministry, Inc. (a Non-Profit 501(c)3 Orgnaization)  
P.O. Box 377 or 135 Main St. Tallulah Falls, GA 30573  
Tel. 706-754-6884 Fax 706-754-9247 [www.hhmin.org](http://www.hhmin.org)

**CREDIT CARD AUTHORIZATION FORM**  
**(for Tax Deductible Donations)**

\_\_\_\_\_  
(print name as listed on card)

hereby authorizes Helping Hands Ministry, Inc., to debit the account listed below.  
Please circle one: VISA or MASTERCARD or DISCOVER

Credit card number: \_\_\_\_\_

3 digit security # \_\_\_\_\_ (see back of card)

Expiration date: \_\_\_\_/\_\_\_\_  
month year

Signature: \_\_\_\_\_

Debit Amount: \$ \_\_\_\_\_ .00

Frequency (check one): monthly \_\_\_\_\_ quarterly \_\_\_\_\_ annually \_\_\_\_\_

One time gift: \_\_\_\_\_

Perform Debit Transactions beginning on \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

\_\_\_\_\_  
Billing Address (must match billing address for the account listed above):

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Please fill out completely and return to Helping Hands Ministry at the address or fax number listed at the top.

To send a check, make your checks payable to Helping Hands Ministries, Inc. Please put "Katherine Wolf Fund" on the memo line and mail your check to the address above with this form.