



How would you like to make your Tax Deductible donation?

- [ ] Personal check or Cashier's Check  
Make payable to Helping Children Rebuild

Please mail to:  
Helping Children Rebuild  
4195 Chino Hills Pkwy PMB #307  
Chino Hills, CA 91709-2618

- [ ] Credit Card (HCR will accept Visa, MasterCard, Discover, and American Express)

### CREDIT CARD AUTHORIZATION FORM

I hereby authorize Helping Children Rebuild (HCR) to bill my credit card listed below for the following.

\_\_\_ \$30.00 Nonrefundable Application fee (for trip only)

\_\_\_ Volunteer Donation Trip \$ \_\_\_\_\_ for \_\_\_\_\_

Trip to \_\_\_\_\_

Donation For:

\_\_\_ Outside Kitchen: A \_\_\_ B \_\_\_ C \_\_\_ D \_\_\_ E \_\_\_ F \_\_\_ \$ \_\_\_\_\_

\_\_\_ Milk Ministry: A \_\_\_ B \_\_\_ C \_\_\_ D \_\_\_ E \_\_\_ F \_\_\_ \$ \_\_\_\_\_

\_\_\_ Monetary donation to be used as needed \$ \_\_\_\_\_

Total \_\_\_\_\_

Credit Card fee please add 1½% of total \_\_\_\_\_

Total to be charged to your account \_\_\_\_\_

Check one \_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover \_\_\_ American Express

Credit card #: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Account Holder Name (as it appears on the credit card)

3 digit code on back \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

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

Signature of Account holder \_\_\_\_\_

Date \_\_\_\_\_

Ship to Address \_\_\_\_\_

E-mail to [Marylin@helpingchildrenrebuild.org](mailto:Marylin@helpingchildrenrebuild.org) ● Fax to 909-393-1457

● or Mail to address above