



**PAYMENT INFORMATION**

Please provide Common Hope with the following payment information. Credit card information is kept strictly confidential.

CREDIT/DEBIT CARD NUMBER (CONFIDENTIAL)	CARD TYPE (VISA, MASTERCARD, DISCOVER, AMEX)	EXPIRATION DATE

**VISION TEAM PAYMENT OPTIONS** Please indicate which type of Vision Team you are participating in below. The Vision Team fee may be paid in two installments. The initial deposit is due upon registration and the final payment is due at least 60 days prior to departure.

- ☐ Vision Team
- ☐ Vision Team Junior
- ☐ Team Builder
- ☐ Dental Team

Please read the payment options below and check the box with your preference:

- ☐ **I choose to pay my Vision Team fees in two installments**  
I understand that my card will be charged upon registration and then again 60 days prior to departure day.
- ☐ **I choose to pay my Vision Team fees in one installment.**  
I understand that my card will be charged upon registration for the total amount.
- ☐ **I choose not to fundraise. Please also charge my card for the full fundraising requirement.** This portion is a tax-deductible donation. Card will be charged upon registration.
- ☐ **I would like to purchase a food bag for \$35.**  
I understand that my card will be charged an additional \$35 for a food bag for my sponsorship visit.

**PAYMENT AUTHORIZATION**

**Note:** If applicant is under 18 years of age, this form must be co-signed by a parent or legal guardian.

- ☐ By checking this box and signing below, I certify that all of the information provided in this application is true, correct and complete. I verify that I am signing this document electronically and authorize payment to Common Hope.

Signed:		Date:	
Parent/ Guardian Signature:		Date:	

(Required for applicants under 18)

FOR INTERNAL USE ONLY	NOTES
Date for 2 <sup>nd</sup> payment:	