



*Have Faith Ministries, Inc.
HFM Counseling*

CREDIT CARD AUTHORIZATION

Date: _____

I, _____ authorize Have Faith Ministries, Inc. to place my
Credit/Debit information on file to charge my donation for services rendered. My credit or debit card
information is as follows:

Account number: _____

Billing address: _____

City / State / Zip _____

Expiration date: _____

Verification Code: _____

Type of Card: VISA MASTER CARD AMEX DISCOVER PAYPAL

For the services rendered. *

*No shows are considered services rendered unless 24 hour notice has been made.

Have Faith Ministries, Inc.
HFM Counseling
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