MedWish International *Summer of 1,000 Dinners* Credit Card Form

NAME- as printed on card	**BILLING ADDRESS**	**DONATION AMOUNT**	**CREDIT CARD** Mastercard Visa/ Discover	**CREDIT CARD NUMBER**	**EXP DATE**	**SEC CODE** 3or 4 digits	**SIGNATURE**

Please send to: 17325 Euclid Ave. Cleveland, OH 44112