

WORLD HOPE ACADEMY CREDIT CARD FORM
10691 N KENDALL DR STE 105
MIAMI, FL 33176
305-270-9830

Name: _____ Ss# _____

Student Name: _____

Mailing address: _____ Work Home District: _____

City: _____ St: _____ Zip: _____

Phone: _____ Fax # _____ email: _____

Please enter the amount you wish to pay: \$ _____

What are you paying for? _____

Three digit security code:

Card # _____

Expiration Date: _____

Name on Card: _____

Signature: _____

Date: _____

My signature indicates that World Hope Academy may charge the amount listed on this form. I agree that all credit card payments are final and non refundable. A copy of this form shall serve as original.

You must fax an enlarged copy of a legal ID card with this form. The ID card must contain your picture. You can mail this form with documents to the above address if you wish.

FAX TO 1-305-359-5172