

PSI WORLD

Is hereby authorized to charge my:

Circle Type of Card:

VISA Master Card Discover American Express Other_____

Account Number: _____ Expiration Date: _____ Zip Code _____ CVV
Code: _____

Authorized Amount \$ _____

Signature _____

Printed Name _____

For: Giving Day Las Vegas

Date _____

Address _____

E-Mail Address _____

City _____

State _____

Zip _____

***NAME AND ADDRESS MUST BE COMPLETED TO RECEIVE
FROM PSI WORLD FOR TAX PURPOSES DONATION LETTERS***