



CREDIT CARD AUTHORIZATION FORM  
Please fax form to: **720-887-7099**

### GHX Healthcare Heroes T-Shirt Order Form

To place your order, please fill out all of the information below and fax to 720-887-7099. You can order a variety of sizes – simply put the quantity under each size, and **multiple your total number of shirts by \$15.00**. Write your total in the space indicated below. This is the amount that will be billed to your credit card. Sizes are offered in unisex sizing only. Proceeds for each shirt will be donated to the Ronald McDonald House.

I, \_\_\_\_\_ [name] authorize **GHX** to charge my credit card in the amount shown below for the purchase of the Healthcare Hero shirts. The billed amount is not to exceed the amount shown.\*

CREDIT CARD TYPE [check one]: **Visa**     **Mastercard**     **American Express**

CREDIT CARD # \_\_\_\_\_

CARD CV#[The 3 or 4 digit security number shown on back of card (or front of Amex)] \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

BILLING ADDRESS LINE 2 \_\_\_\_\_ BILLING CITY \_\_\_\_\_

BILLING STATE \_\_\_\_\_ BILLING ZIP CODE \_\_\_\_\_

NAME (As it appears on card) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

|                           | Small | Medium | Large | XL | XXL |
|---------------------------|-------|--------|-------|----|-----|
| <b>Quantity</b>           |       |        |       |    |     |
| <b>Total # of shirts:</b> |       |        |       |    |     |

\*Total amount (\$15.00 x total number of shirts) \$ \_\_\_\_\_ USD.

