



# iDonate Form Education & Care - USA



Please print clearly and

**Mail to**  
Paradise 4 Kids  
3 Aldrin Drive  
West Caldwell, NJ, 07006

**Scan & Email to**  
linda@paradise4kids.org  
**Fax to**  
+1 862 367 8228

**Online Donations**  
www.paradise4kids.org  
**Paradise 4 Kids Inc is**  
a registered 501(c)(3)

Business/Donor:

First Name

Last Name

Cell No:

Email :

Home Address

City

State

Zip

Card Billing Address

1

One time Donation:

Date:

Amount \$

One Time

2

Recurring Donation:

Date:

Amount \$

Recurring

3

PLEASE CHECK

Weekly Recurring

Monthly Recurring

Quarterly Recurring

Yearly Recurring

PLEASE CHECK

Orphan Care

Education Program

Medical

VISA

MasterCard

AMEX

Diners

Discover

Card Number:

Expiration Date:

AMEX Security No.

Security No

Card Holder Name:



4-digit security code



3-digit security code

By signing this form, I/we authorise Paradise 4 Kids Inc, acting on behalf of the Business/Donor, to debit payments from my specified credit/debit card above and I/we acknowledge that iTransact/Paradise 4 Kids Inc will appear as the business name on my credit card statement.

Signature(s) of Nominated Account Holder/Credit Card Holder

Date