

# West Hempstead Community EZ-Food Card Program

## Credit Card Authorization Form

(Please Print)

**Stop & Shop**

Name \_\_\_\_\_ Address \_\_\_\_\_

City West Hempstead State NY Zip Code 11552 Home Phone: (516) \_\_\_\_\_ - \_\_\_\_\_

Please charge:  Mastercard  Visa

\$300 each month  \$400 each month  \$500 each month

\$300 every 2nd month  \$400 every 2nd month  \$500 every 2nd month

\$300 every 3rd month  \$400 every 3rd month  \$500 every 3rd month

or

\$ \_\_\_\_\_ (minimum \$300) every  1,  2,  3 month(s)

Cards Denominations: (enter number for each) \$200 \_\_\_\_\_ \$100 \_\_\_\_\_ \$50 \_\_\_\_\_

Credit Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Credit Card Expiration Date \_\_\_\_/\_\_\_\_

3 digits  
from back  
of card

Signature \_\_\_\_\_

Suggested plans for the EZ Food Card Program:

Plan A - \$75/week. Please charge my credit card for \$300 each month

Plan B - \$100/week. Please charge my credit card for \$400 each month

Plan C - \$125/week. Please charge my credit card for \$500 each month

Plan D - (Designed for light usage) \$37.50/week. Please charge my credit card for \$300  
EVERY OTHER MONTH

Plan E - (Designed for light usage) \$23.00/week. Please charge my credit card for \$300  
EVERY QUARTER

I/we /kids are interested in more information on delivering cards. Please contact us.

Please mail this form to: Saul Skolnick, YIWH 630 Hempstead Avenue, West Hempstead, NY 11552