



Credit Card Withdrawal Authorization

Personal Information

*Name: _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

*Phone: _____ Child ID: _____

Email: _____

*Please charge my donation: (Please check one)

_____ Monthly

_____ Quarterly (January, April, July, October)

_____ Annually (April)

_____ One time only

*Enter designated amount:

\$ _____ My monthly child sponsorship support

\$ _____ Children's Reserve Fund

\$ _____ General Fund

\$ _____ Other, please specify the project you wish to support: _____

\$ _____ **Total Amount Authorized to be charged monthly/quarterly/annually.**

Credit Card Information

*Type: ___ Visa ___ Master Card ___ Discover

*Credit Card Number: _____ *Expiration Date: ___/___

*Credit Identification Number: _____ (last 3 numbers on back of card)

By signing, I agree to sign up to automatically charge my credit card for the amounts designated.

*Signature: _____ Date: _____

*Required Fields