

## CONTRIBUTION TO WORLD VISION VIA CREDIT CARD

Kindly email, fax or post this completed form to authorise contribution(s) to World Vision International as instructed herewith.

### Partner's Information

Dr/Mdm/Mr/Mrs/Ms: \_\_\_\_\_

Partner No: \_\_\_\_\_ Child ID: \_\_\_\_\_

NRIC No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No : \_\_\_\_\_(O) \_\_\_\_\_(H) \_\_\_\_\_(HP)

Email Address: \_\_\_\_\_

**YES! I would like to make a contribution of \$ \_\_\_\_\_**

Every Month     Every 6 Months     Every Year

towards the cause of:

General Childcare     Disaster Response     Health & Nutrition

Children in Crisis     Clean Water & Sanitation     Food Security

Education     Economic Development

**Please charge the above contribution to my:**

VISA     MASTERCARD

With effect from\*: \_\_\_\_\_

*\*The recurring charge will continue unless otherwise advised.*

Card Account No:

\_\_\_\_/\_\_\_\_/\_\_\_\_  \_\_\_\_/\_\_\_\_/\_\_\_\_  \_\_\_\_/\_\_\_\_/\_\_\_\_  \_\_\_\_/\_\_\_\_/\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Card Expiry Date: \_\_\_\_\_ Issuing Bank Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: The deduction will be made on either the 4<sup>th</sup>, 11<sup>th</sup>, 19<sup>th</sup> or 27<sup>th</sup> of the month. If the deduction date falls on a Saturday, Sunday or Public Holiday, the deduction will be made on the next working day.

We thank you for choosing an automated payment method. As your contribution will be reflected in your credit card statement, World Vision will not be replicating this information with a receipt. Cessation of this transaction saves approximately \$12,000 every year that is channelled towards helping needy children and communities break the cycle of poverty.