

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 Month	very 6 Months	Every Year	One Time Only
towards the cause of:			
Emergency Relief General Childcare			
Children in Crisis	Others:		
Please charge the above contribution to my:			
With effect from*:		s 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 4th, 11th, 19th or 27th 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.

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