CREDIT CARD AUTHORIZATION FORM

Please print out and send to us, **duly signed** by **Post / Fax / Email** (Scanned)

World Vision India

If you are a **World Vision Child Sponsor**, *use this column*

CHILD SPONSORSHIP:

Amount **X** **No. of Children**

(Child Sponsorship is @ Rs.600/- per month per child. Please indicate No. of children if more than one child.)

- ☐ Rs.600/- every month **X**
- ☐ Rs.1,800/- quarterly **X**
- ☐ Rs.3,600/- half-yearly **X**
- ☐ Rs.7,200/- annually **X**

If you are a **World Vision Child Rescue Partner**, *use this column*

CHILD RESCUE:

- ☐ Rs.300/- every month
- ☐ Rs.500/- every month
- ☐ Rs.1,000/- every month
- ☐ Rs.2,000/- every month
- ☐ Rs. _____/- every month

Credit Card Details

☐ **Master** ☐ **Visa** ☐ **Diners** ☐ **American Express**

Name of Bank : _____

Name as on Card : _____

Card No : |___|___|___|___| |___|___|___|___| |___|___|___|___| |___|___|___|___|

Card Expiry Date : _____/_____/_____ Date of Birth: _____/_____/_____

Standing Instruction :

For your convenience, please authorise regular deductions from your Credit Card.

☐ I authorize **World Vision India** to deduct monthly / quarterly / half-yearly / yearly payments of **Rs.**_____**/-** from my Credit Card beginning from _____/_____/_____ until further notice from me.

Signature : _____

About Me

Partner ID.: __ __ __ __ __ __ __ Nationality : _____

Name : _____

Address : _____

_____

_____ PIN | __ | __ | __ | __ | __ | __ | _____

Email : _____

Phone : _____

Mobile : _____

Our Address: **World Vision India, 16 VOC Main Road, Kodambakkam, Chennai - 600 024, India.**

Tel:+91 44 **24807070** | Toll Free:(BSNL-India)**1 800 425 4550** | Fax:+91 44 **24807242** | Email: **indiasponsors@wvi.org**