



# Child's Dream Association

Improving health and education for sustainable development

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## Credit Card Payment Authorisation

To Child's Dream: I herewith authorise you to charge my credit card with the following amount and payment frequency.

### Credit card details

Card selection

(Please tick) MasterCard  VISA  AMEX  Diners Club

Cardholder's name: *as it appears on the credit card*

Credit card number

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

Card valid until

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

### Payment details

Payment frequency

(Please tick) One time  Monthly  Quarterly

Currency

(Please tick) CHF  EUR  USD  GBP  SGD  AUD

Amount

### Contact details

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Tel \_\_\_\_\_

E-mail \_\_\_\_\_

### Signature

Cardholder's signature

\_\_\_\_\_

Date \_\_\_\_\_

**Please fax the completed form to:  
Child's Dream Foundation  
Fax: +66 (0) 53 201 812**

**or scan the form and email it to: [info@childsdream.org](mailto:info@childsdream.org)**