



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 send the completed form to:
info@childsdream.org**