



**CREDIT CARD AUTHORISATION FORM**

**TO: SHINTA MANI FOUNDATION**  
JUNCTION OF OUM KHUN STREET AND 14<sup>TH</sup> STREET  
SIEM REAP, CAMBODIA  
TEL. +855 63 968 586 FAX NO. +855 63 968 585

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Type of Credit Card : \_\_\_\_\_  
Credit Card Number : \_\_\_\_\_  
Expiry date : \_\_\_\_\_  
CVV Code : \_\_\_\_\_  
*(Visa/Master; the last 3 digits number printed at the back of your credit card)*

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I herewith authorize Shinta Mani Foundation to charge the amount of US\$ \_\_\_\_\_/- to my above credit card.

For the Purpose of : \_\_\_\_\_  
(Donation type: Water Well, Student Support, etc...)

**Card Holders Details:**

Card Holders Name : \_\_\_\_\_

Signature : \_\_\_\_\_  
(As appeared on the credit card)

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

**Open Doors, Open Hearts**