

SHINTA MANI FOUNDATION

CREDIT CARD AUTHORISATION FORM

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

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)

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