

Credit Card Preauthorized Payments Form for Eagles Wings Children's Village

Please check the boxes and write the required information on the lines.

I wish to support Eagles Wings Children's Village

by sponsoring a child: _____

Name: _____

Address: _____

Telephone Number: _____ E-mail Address: _____

Amount To Be Withdrawn on the 1st of each month: _____

I authorize Eagles Wings Children's Village to automatically debit, each month,

Visa account, **or**

MasterCard account,

the amount indicated above, until Eagles Wings Children's Village receives written notice to stop.

Signature: _____

Date: _____

Credit Card Number: _____ CVV: _____
(Card #)

Expiry Date: _____
(Month/Year)

Please mail this completed form, to

Eagles Wings Children's Village
Box 282
Winnipeg, Manitoba
R3C 2G9

Official receipts will be mailed out at the end of each calendar year.