

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

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

I wish to support Eagles Wings Children's Village:

- by contributing to a specific project: _____;
- by contributing to a specific student: _____;
- by contributing to the General Fund

Name: _____

Address: _____

Telephone Number: _____ E-mail Address: _____

- I authorize Eagles Wings Children's Village to charge \$ _____ as a onetime charge,
Visa **or** MasterCard.

Signature: _____

Date: _____

Credit Card Number: _____

(Card #)

CVV: _____

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.