



Children of Promise International

## — Credit Card Charge Authorization —

I (We) authorize *Children of Promise International* to charge my Credit Card in the amount of \$ \_\_\_\_\_

Begin withdrawals in the month of \_\_\_\_\_ and continue ☐ Monthly ☐ Quarterly ☐ 6 Months ☐ Yearly ☐ One-Time

For all commitments currently on record and \_\_\_\_\_

*(List additional children, homes, missionaries, etc. you wish to support)*

☐ Visa ☐ Mastercard ☐ Discover  
Charge on the ☐ 1<sup>st</sup> ☐ 25<sup>th</sup> day of the month

Card No: \_\_\_\_\_

Expiration: \_\_\_\_\_ CVV Code: \_\_\_\_\_

(CVV Code is the 3-digit number on the back near the signature block)

Name on card: \_\_\_\_\_

*I (We) understand this charge will continue until I (we) notify  
Children of Promise International to change or cancel the charge*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Send this form to: Children of Promise, 6844 Loop Rd., Centerville, OH 45459 ♦ Fax to (937) 438-4972 ♦ Email to [Accounting@promise.org](mailto:Accounting@promise.org)