

Donation Authorization Form

www.child-international.org



FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: () _____ E-MAIL: _____ DATE _____

I WOULD LIKE TO SPONSOR THE FOLLOWING PROJECT(S):

SPONSORSHIP OF:	Annual Amount (\$) per Child	No. of Children	Payment Options	
			Annual Option (\$) (12 months)	Semi-Annual Option (\$) (6 months)
Turkey	600			
TOTAL DONATION (\$)				

* Please call our office at (714) 545-3050 for payment options.

I WOULD LIKE TO PROVIDE A ONE-TIME DONATION OF \$ _____ TO **CHILD**.

METHOD OF PAYMENT: CASH CHECK CREDIT CARD (COMPLETE INFO BELOW)

VISA/MC/AMEX: _____ EXPIRATION DATE: ____ / ____

DONATION AMOUNT: \$ _____ SIGNATURE: _____
(SPECIFY AMOUNT) (CREDIT CARD TRANSACTIONS ONLY)

Please make checks payable to IOC or CHILD.

I, hereby, authorize IOC or CHILD to charge my credit card listed above for the donation amount indicated.
100% of your donations are tax-deductible. Tax ID: 33-0547951.

Thank you for your contribution!

1526 Brookhollow Dr. Suite 82, Santa Ana, CA 92705

Tel : (714) 545-3050