

## Credit Card Authorization Form



Type of Card:     V I S A             M a s t e r

Credit Card No.: \_\_\_\_\_

Credit Card Expiry Date (M / Y): \_\_\_\_\_ / \_\_\_\_\_

Credit Cardholder's Name: \_\_\_\_\_  
(as printed on your Credit Card)

Safe Code of Credit Card: \_\_\_\_\_  
(the 3 digits on the right hand side on the back of Credit Card)

Registered Mailing Address of your Credit Card: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Cardholder's contact number: \_\_\_\_\_

Donation Amount:

- One-off Donation    : HK\$ \_\_\_\_\_  
 Monthly Donation    : Monthly HK\$ \_\_\_\_\_

Signature as on your Credit Card: \_\_\_\_\_

Note:

- Post Crisis Counseling Network Ltd will transfer the donation money to their account at HSBC via PayPal.
- Post Crisis Counseling Network Ltd will only transfer the amount you state in this form.