

# ICR Canada

Shadow of His Wings, Guatemala Sponsorship Program

## Credit Card Authorization

I \_\_\_\_\_ give permission to ICR Canada to charge my **Visa** or **Master Card** (please circle one) in the amount of **\$45** / **\$90** / **\$135** / \$ \_\_\_\_\_ (please circle one) once a month on the 18<sup>th</sup> day of the month for my sponsorship(s) at **Shadow of His Wings Orphanage in Guatemala.**

Signature of Card Holder

\_\_\_\_\_ X \_\_\_\_\_

### Please complete the following Information

Credit Card Number \_\_\_\_\_

Expiration Date Month /Year \_\_\_\_\_

Credit Card Code (final 3 digits on the back) \_\_\_\_\_

Donor/Card Holder Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Sponsored Child(ren): \_\_\_\_\_

Mail postdated cheques or above payment information to:

**ICR Canada**  
**5788 - 203 Street**  
**Langley, BC V3A 1W3**

**Contact: Mel Wiebe 604-836-4546 or 1-866-896-5599**

*\*\*\*Please mark 'Guatemala - Shadow' in the note line. Note that payments will appear as International Christian Response on credit card statements.*