YES! I'm happy to HELP a child through

CCF Community Children Foundation

Under the Royal Patronage of HRH Princess Maha Chakri Sirindhorn

9 Chalermprakiat Rama 9 Soi 8, Nongbon Pravet Bangkok 10250 Thailand
Tel. +662 747 2600, +668 9029 0293, +666 3268 0270-1 | Fax. +662 747 2620 | ccfthai@ccfthai.or.th | Line ID: ThaiCCF

2248

Name (Mr./Mrs./Miss)

.....

Address.....

.....

.....

.....

Zipcode..... Birthdate...../...../.....

Tel.....

Mobile.....

E-mail Address.....

☐ I Would like to sponsor ..... children (please specify the number) and agree to pay:

◯ 600 baht/month ◯ 1,800 baht/3 months

◯ 3,600 baht/6 months ◯ 7,200 baht/year

☐ I'm happy to donate

.....Baht

I would like to pay by

☐ Please, deduction from Bank Account
(Please, fill in the Permission form)

◯ Bangkok Bank ◯ Krung Thai Bank ◯ Thai Farmer Bank

◯ Thai Military Bank ◯ Siam Commercial Bank ◯ Ayudhaya Bank

☐ Cheque pay to "Community Children Foundation"

☐ Please deduct the payment from my credit card

from Bank.....

◯ VISA CARD ◯ MASTER CARD

◯ AMERICAN EXPRESS

◯ Other (Please verify).....

Credit Card No.

____ – ____ – ____ – ____

Credit Card holder's name

.....

Expiry Date.....

Signature as shown on credit card

.....

(I have hereby confirmed the permission for the bank where issued this credit card to deduct the payment amount as shown above until I have informed for cancellation)

☐ Transferring payment in the name of "Community Children Foundation" to

◯ Bangkok Bank	Thonglor Branch	A/C NO.	206-0-06709-3
◯ Krung Thai Bank	Nana nua Branch	A/C NO.	000-1-19765-7
◯ Ayudhaya Bank	Sukhumvit 35 Branch	A/C NO.	116-1-02597-6
◯ Kasikorn Thai Bank	Nana nua Branch	A/C NO.	063-2-17925-1
◯ Thai Military Bank	Asoke Branch	A/C NO.	053-2-05681-9
◯ Siam Commercial Bank	Lumpini Branch	A/C NO.	023-2-36703-2

After transferring, please send or fax the pay in slip with the payment form to CCF Foundation in Thailand at +662 747 2620

CCF (Community Children Foundation) is a charity organization no.171 of the Ministry of Finance. Your donations are tax-deductible! **THANK YOU!**

Permission form for Deduction from Bank Account

Date.....

I (Mr./Mrs./Miss)..... Bank .....
Account name..... Type of Account.....
Account No (10 digits).....

I would like the bank to deduct the money from the above bank account from the month of .....on wards. This is to pay for the child sponsorship and/or other related monetary issues with/for the CCF (Community Children Foundation) Under the Royal Patronage of HRH Princess Maha Chakri Sirindhorn (Hereunder will be called "Foundation") according to the amount shown in the confirmation form received from the Foundation, then transfer that amount of money to the Foundation's account.

In case of the payment for child sponsorship and/or other related monetary issues with / for the CCF (Community Children Foundation) Under the Royal Patronage of HRH Princess Maha Chakri Sirindhorn, hereafter, the amount of the payment has been incorrectly informed the bank by the Foundation and the bank had deducted the money form my bank account by that informed amount, I will re-fund that amount from the Foundation directly. I will neglect my right to sue or request the bank to compensate that deducted amount from my bank account. I would also like to permit the bank to deduct the money from my bank account when there is enough money in my bank account. The bank does not need to inform me whenever the deduction for the foundation has occurred because I will be able to check from my account with the bank statement from the bank or from the receipt of the Foundation.

In case the evident documents or the Account No. of the above mentioned bank account has been changed in any reasons, this Permission form for Deduction from Bank Account is still be effective in any cases with all the same policies.

The deduction from the above mentioned account is immediately effective hereafter it has been filled in and signed and it will continue to be effective until there is the written confirmation of cancellation for the Foundation and the bank within 1 month in advance.

Signature.....
Approved signature of the account name
(The signature of the person who has the right of payment that has been given to the bank)

For the bank officer's checking and approval

Bank.....Branch.....

Signature.....

(.....)
Authorized person of the branch

Please sent this form back by post. The Bank will accept only the original copy. THANK YOU