



Credit Card Form

(PLEASE PRINT LEGIBLY OR TYPE)

Name: (Mr/Mrs/Miss/Ms) _____.

Address _____.

_____.

_____ Postcode _____.

Telephone _____ Fax: _____ E-mail _____.

Please charge £_____ to my MasterCard Visa

Name exactly as it appears on card _____.

Account Number _____ Exp Date _____.

Billing Address (if different from above) _____.

Signature _____ Date _____.

Please make copies of this form as needed and send the form(s) together with your gift(s) to:

The Popli Khalatbari Charitable Foundation
Suite N1 – 4th Floor
Charles House
375 Kensington High Street
London W14 8QH
United Kingdom