

## DONATION FORM

### YOUR DETAILS

YOUR NAME	
COMPANY NAME	
ADDRESS	
PHONE	
EMAIL	
DONATION AMOUNT	

### TAX RECEIPT DETAILS (IF DIFFERENT FROM ABOVE)

YOUR NAME	
COMPANY NAME	
ADDRESS	
PHONE	
EMAIL	

### BY CREDIT CARD

CREDIT CARD		
NAME ON CARD		
CARD NO		
EXPIRY		CSV:
AMOUNT	\$	

### DIRECT DEPOSIT

ACCOUNT NAME: Australia Tanzania Society T/A Rafiki Surgical Missions

BSB: 116 879

ACC: 477 893 379

REFERENCE: (Your name)

### CHEQUE

Please make cheques payable to:

Rafiki Australia Tanzania

Post with this form to:

Rafiki Australia Tanzania

Suite 183, Level 6

580 Hay Street

PERTH WA 6000

**THANK YOU FOR YOUR SUPPORT!**

