



Donation Form

Please print this page, complete your details and fax or mail your application together with your payment to AFAP at:

P.O. Box 12
Crows Nest NSW 1585
Fax: 02 9436 4637

I would like to make a donation to AFAP's overseas aid programs

Name.....
Address.....
Telephone.....
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Email.....
Donation \$.....

I would like my donation to support:

Program Name.....

Please find enclosed cheque/money order payable to AFAP

OR

Please debit my credit card:

Visa MasterCard Bank Card

once only or until further notice

monthly quarterly bi-annually annually

Expiry Date:.....

Credit Card Number:.....

Name on Credit Card:.....

Signature

Date

******Thank you for your support of AFAP's Overseas Aid Program******