

AUSTRALIA VIETNAM VOLUNTEERS RESOURCE GROUP INC

DONATION FORM

Name:		
Current address:		
City:	State:	Post Code:
Phone:		Mobile:
Email:		

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I.....:

Hereby wish to make a donation to assist and support the humanitarian work of AVVRG.

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Signature of donor Date

PAYMENT DETAILS

Donation to: <i>(Please tick selection)</i>		\$	
<input type="checkbox"/> <u>AVVRG Projects:</u> <input type="checkbox"/> <u>VIC Health Team:</u> <input type="checkbox"/> <u>QLD Health Team:</u> <input type="checkbox"/> <u>NSW Education Team:</u>			
<input type="checkbox"/> <u>SA Dental Care Team:</u>			

I wish to pay by: *[Mark Payment Option]*

CASH <input type="checkbox"/>	CHEQUE <input type="checkbox"/> <small>(Payable to AVVRG)</small>	DIRECT DEBIT <input type="checkbox"/> <small>BSB 012-403 A/c No. 2813-25011 Acct. AVVRG Inc.</small>
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MASTERCARD <input type="checkbox"/>	VISA <input type="checkbox"/>
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Credit Card Number:

Card Expiry Date:/.....	Card Verification Value (CVV):
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Full Name on Card:
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Card Holders Signature:	Date:
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Mail to: Secretary, AVVRG Inc. PO Box 754 Freshwater NSW 2096

OFFICE USE

Membership No:	Date:	Receipt No.
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