



Printable Donation Form

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Pacific Leprosy Foundation, Private Bag 4730, Christchurch, New Zealand

I wish to make a donation now and enclose my cheque for

\$ _____

OR please debit my credit card:

Credit Card Type: Visa Mastercard Amex

Name on Card: _____

Card Number:

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Expiry Date: _____

Amount: \$ _____

Signature _____

Name _____

Address _____

Thank you for your support. The Pacific Leprosy Foundation will mail you a receipt for any donation of \$5 or more which may qualify for a tax rebate.

PLEASE COMPLETE THIS FORM AND

POST IT TO:

Pacific Leprosy Foundation

Private Bag 4730, Christchurch, 8140, New Zealand

OR Freepost 204, Private Bag 4730, Christchurch, 8140, New Zealand

OR FAX TO:

(03) 366 7771