



International Childrens Aid

DONATION FORM

- I would like to make a single donation
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Name: _____

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Method of Payment

Cheque Mastercard Visa

Credit Card Number _____ Expiry Date: ___/___

I authorise ICA to deduct regular payments from my credit card as shown until further notice.

Signature _____

Gifts \$2 and over are tax deductible

Send to: International Children's Aid, PO Box 778, Chatswood NSW 2057 Australia

www.internationalchildrensaid.org