



ONE-OFF DONATION FORM

YOUR DETAILS

FIRST NAME		LAST NAME	
COMPANY NAME			
ADDRESS			
PHONE			
EMAIL			

BY CREDIT CARD

CREDIT CARD	VISA	MASTERCARD
NAME ON CARD		
CARD NO		
EXPIRY		CSV
AMOUNT	\$	

DIRECT DEPOSIT

ACCOUNT NAME: Australia Tanzania Society T/A Rafiki Surgical Missions
 BSB: 116 879
 ACCOUNT NO: 0477 893 379
 REFERENCE: (Your name)

CHEQUE

Please make cheques payable to:
 Rafiki Surgical Missions

Post this form to:
 Rafiki Surgical Missions
 Suite 183, Level 6
 580 Hay Street
 PERTH WA 6000

or email julia@lumedia.com.au

THANK YOU FOR YOUR SUPPORT!