



Donation Form

Contact Information

Date: _____ Event (if applicable): _____

Name: _____

If the donation is from an organization please include both the name and the contact person

Billing Address: _____

City: _____ State: _____ Postcode: _____ Country: _____

Phone #: _____ Email: _____

Chapter (if applicable): _____

Personal information is collected to process donations, issue donation receipts and send updates on our programs. This information will be held in complete confidence, and Room to Read will NOT sell, rent, trade or otherwise reveal this information to a third party. Our Privacy Policy is available at www.roomtoread.org/privacy

Please tick here if you would NOT like to receive our communications

Thank you for your generous support of Room to Read. Room to Read (New Zealand) Charitable Trust is registered with the New Zealand Companies Office. Please note that gifts to Room to Read (New Zealand) Charitable Trust are not currently tax-deductible. Thank you for supporting our mission.

Payment Information

Cash: _____ Cheque: _____ Payable to: **Room to Read (New Zealand) Charitable Trust**

Direct Deposit _____ ASB Bank Limited, ASB Bank Centre, Cnr. Albert and Wellesley Street, P.O. Box 35, Auckland 1140, New Zealand Account No. 12-3244-0034702-00 (Please include your name as reference)

Credit Card \$ _____ (circle one) Visa MasterCard

If paying by credit card please choose one: One-time gift Recurring monthly gift

Note details below this line will be shredded once credit card is charged

Card #: _____ Exp. Date (Mo/Yr): _____

CVV: _____ Signature: _____

Completed forms should be mailed to:

Room to Read New Zealand
PO Box R5534, Wellesley Street, Auckland 1141, NZ

Please direct questions to +61(2) 8205 4692 or new.zealand@roomtoread.org.
www.roomtoread.org/australasia