

## Room to Read Donation Form

Contact Information			
Date: Eve	nt (if applicable):		
Name: If the donation is	from an organization please include bo	oth the name and the contact person	
Billing Address:			
City:	Zip Code:	Country:	
Phone #:	Email:		
Chapter (if applicable):			
	ered charitable association that can accept x-exempt by the tax authorities of the Cant	•	
	support helps to fuel our work and we regu hlight the power of the human spirit and, of		-
☐ Please check if you would NOT lik	e to receive our communications		
Payment Information			
□ <b>Cash: CHF</b> processing note for chapter: For security purposes please do not mail cash. If you receive cash donations, please write a cheque for the equivalent amount, ensuring to include donor names and contact information on the Donation Form (1 per person).			
□ Credit Card CHF	(circle one) Visa MasterCar	d	
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 Switzerland** Hermetschloostrasse 70 / 4.01 8048 Zurich

Please direct questions to +41 (0) 32-510 9900 or <a href="mailto:switzerland@roomtoread.org">switzerland@roomtoread.org</a> https://www.roomtoread.org/support-education/ways-to-give-in-switzerland/