Contact Information					
Date: Event (if applicable):					
Name: If the donation is from an organization please include both the name and the contact person					
ij the donation is from an organization please include both the name and the contact person					
Billing Address:					
City:Sta	te: 2	Zip Code:		Country:	_
Phone #: Email:					
Chapter (if applicable):					
We want to let you know how your support helps to fuel our work and we regularly send updates with news on the progress being made in local communities, stories that highlight the power of the human spirit and, of course, information that will keep you connected with Room to Read events and programs. ☐ Please check if you would NOT like to receive our communications					
Payment Information					
Fayment information					
□ Cash: \$SG 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).					
□ Cash: \$SG Payable to: Room to Read Singapore Limited					
□ Credit Card \$SG (circle of	one) Visa	Amex	MasterCard	d	
Note: details below this line will be shredded once credit card is charged					

Completed forms should be mailed to:

Room to Read Asia Pacific

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

CVV: _____ Signature: _____

87/F International Commerce Centre, One Austin Road West, Kowloon, Hong Kong

Telephone: +852 3925 3092 Fax: +852 2537 6516 Questions: asia.pacific@roomtoread.org

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