



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: _____ 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

Cash: \$HKD _____ *processing note for chapter: for security reasons do not mail cash, please convert it to a money order or check and include a note with details.*

Check: \$HKD _____ Payable to: **Room to Read Hong Kong Limited**

Credit Card \$HKD _____ (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 Asia Pacific

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
www.roomtoread.org/regional-offices/asia-pacific/