## Room to Read Donation Form

Contact Information			
Date:	Event (if applicable):	·	
Name:			
If the donation i	s from an organization	please include both the n	ame and the contact person
Billing Address:			
City:	State:	Postcode:	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 that will keep you connected with Room to Read events and programs.   Please tick here if you would NOT like to receive our communications			
Room to Read Australia Foundation is endorsed as a DGR (Deductible Gift Recipient) under subdivision 30-BA of the Income Tax Assessment Act of 1997. The ABN is 40 667 977 802. Receipts are issued in the name of Room to Read Australia Foundation. We acknowledge the assistance of AFAP, which is working with Room to Read and partnering with local communities throughout the developing world to provide quality educational opportunities.			
	Pavm	ent Information	
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	sing note for chapter: I	For security purposes plea	se do not mail cash. If you receive cash donor names and contact information on
donations, please write a cheque	sing note for chapter: I e for the equivalent am I).	For security purposes plea nount, ensuring to include	donor names and contact information on
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Completed forms should be mailed to:

**Room to Read Australia Foundation** PO Box R1017, Royal Exchange NSW 1225, Australia

Please direct questions to +61(2) 8205 4692 or australia@roomtoread.org.

www.roomtoread.org/australasia

Did You Know? Your donation could be matched dollar for dollar by your employer! Companies both big & small match gifts to support non-profits that their employees are passionate about. Not sure if your employer will match your donation? Visit www.roomtoread.org/about/frequently-asked-questions to find out.