



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: \$JPY/USD** _____ *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.*

☐ **Cash: \$JPY/USD** _____ Payable to: **Room to Read**

☐ **Credit Card \$JPY/USD** _____ (circle one) Visa MasterCard

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 Japan
Izumi Garden Tower 26F,
1-6-1, Roopongi, Minato-ku,
Tokyo, Japan, 106-6024**

Please direct questions to +81 3 5445 7285 or tokyo@roomtoread.org.