



I authorize **THE AUSTRALIA CAMBODIA FOUNDATION** to deduct donations as specified below:

A single gift of \$ _____ :00 **OR**

Monthly: \$40.00 or \$80.00 or \$ _____ (Other Amount)

1) This money is to be used to help our facility in:-

SUNRISE CHILDRENS VILLAGE PHNOM PENH SUNRISE ANGKOR CHILDRENS VILLAGE SIEM REAP **SUNRISE CHILDRENS VILLAGE** SIHANOUKVILLE

2) I would like my donations to go towards:-

GENERAL OPERATING EXPENSES **BUILDING EXPENSES**

SPONSORING A CHILD Special Requests, e.g. boy/girl, age _____

Payment Type: MASTERCARD VISA AMERICAN EXPRESS DINERS DIRECT DEBIT

ENTER CREDIT CARD NUMBER:

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EXPIRY DATE: _____ SECURITY CODE: _____

NAME ON CARD: _____ SIGNATURE: _____ DATE _____

MR / MRS / MISS / MS / DR:(Please print) _____

POSTAL ADDRESS: _____

HOME PHONE: () _____ BUS PHONE: () _____

FAX NUMBER: () _____ MOBILE: _____

EMAIL ADDRESS: _____

Please return completed form to: PO Box 1113, Unley BC, South Australia 5061 Australia
Fax: +61 (0)8 8340 4920 or Email: admin@scv.org.au

THANK YOU FOR YOUR SUPPORT