



international surgical charity for underprivileged children

### OPERATION RESTORE HOPE

Charitable Trust #1864343

#### Donation form

Please accept this signed form and accompanying monies as a donation to Operation Restore Hope.

I understand that these monies will be applied to Operation Restore Hope’s medical relief efforts in the Philippines to assist children with birth defects and deformities. To date no monies are applied to salaries or administration and members will be made aware should this situation ever change.

Thank you for the opportunity to help me to help children in the Philippines, who without the assistance of charity would go unaided.

Signed,

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Dated*

**Please print:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**PAYMENT**

Enclosed is my donation to Operation Restore Hope for \$ \_\_\_\_\_ . \_\_\_\_\_

**METHOD OF PAYMENT**

Cheque Enclosed (cheques made payable to Operation Restore Hope) \$ \_\_\_\_\_ . \_\_\_\_\_

Total direct online payment to Operation Restore Hope Bank Account \$ \_\_\_\_\_ . \_\_\_\_\_

Swift code: **ASB BNZ 2 A** Account No: **12-3086-0240067-000**

<i>Please indicate here if you wish to receive a receipt.</i>		
_____	_____	_____
Yes please	No thank you	Email address for receipt (or fax or postal address)