

Kingdom Assignment Sudan Donation Form

Personal Information

Name: _____
Address: _____

Postcode: _____
Phone (H) _____
(M) _____
Email: _____

Payment Information

Amount: \$ _____
 Cheque Cash
 VISA Mastercard Bankcard

Credit Card Number: _____

Expiry Date: ____/____/____
Name on card: _____
Authorized Signature: _____

Purchasing Information

- Please keep me informed about KAS
- I would like to donate to KAS
- I would like to become a monthly contributor
- I would like to purchase gift cards

Please indicate how many cards you are purchasing

- | | |
|--|-----------|
| <input type="checkbox"/> Mosquito net \$20 | Qty _____ |
| <input type="checkbox"/> Gift Cards 5pack \$10 | Qty _____ |
| <input type="checkbox"/> Maternity Kit \$5 | Qty _____ |

Please make cheques out to 'Kingdom Assignment Sudan'.
All details are confidential and subject to the Privacy Act.
Send cheques and mail to KAS c/o 1263 Grand Junction Rd
Hope Valley SA 5090
For bank deposit or any other donation enquiries email
accounts@kingdomassignmentssudan.org.au