ORDER OF MALTA
IRELAND

CREDIT CARD DONATION FAX FORM

Thank you for choosing to support Order of Malta. Your donation will make a difference!.

Personal Details
Name
Address
Email
Tel No:
Please choose the currency and indicate the amount you wish to donate

I would like to donate €_____ Stg£ _____ US$ _____

Donation Cause: **If you would like your donation to benefit any particular need, please tick the appropriate box below :**

☐ **Special Appeal** _____

☐ **Ambulance Corps - Please name Unit or Region** _____

☐ **Youth Development**

☐ **Disability Services**

☐ **Lourdes Pilgrimage**

☐ **Holy Family Hospital Bethlehem**

I would like to make a donation of _____ to support Order of Malta Ireland.

I enclose a cheque or postal order made payable to Order of Malta
Please debit my credit/debit card for the above amount.

Visa Master Card Laser

Card No: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **Expiry Date** ☐☐ ☐☐

Signature _____ **Date** _____

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