

Donation Form

I wish to help MSF (Médecins Sans Frontières / Doctors Without Borders) continue to provide medical care to populations in danger throughout the world.

I enclose my donation of €_____ (Cheque / Charity Voucher)

(Please make cheques payable to MSF)

OR

I authorise MSF to debit my Visa/MasterCard/Charity Card/Amex/Laser (circle as appropriate)

CARD NUMBER:

□□□□ □□□□ □□□□ □□□□ □□□

Start Date □□ / □□

Expiry Date □□ / □□

Laser Issue No. □□

Signature _____ Date _____

If you would prefer not to receive an acknowledgement for your donation, please tick this box.

Title: _____ **First name:** _____ **Surname:** _____

Address: _____

Town: _____

County: _____

Contact Phone number: _____

E-mail: _____

Field volunteers and supporters receive our quarterly newsletter, *Dispatches*, with updates about our work. If you do not wish to be contacted by us, please tick here.

If you would rather receive *Dispatches* via email, please tick here.

Please return via Freepost: **MSF, P.O. Box 11645, Freepost 4683, Dublin 1**