



**CICIAMS Donation Form**

\$20 / month  \$40 / month  \$75 / month  other \$ \_\_\_\_\_ / month

I would like to offer the following **one-time donation**:

\$35  \$50  \$100  I am able to offer \$ \_\_\_\_\_

**Donor Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

By cheque (for monthly donations, please enclose post-dated cheques)

Please charge my  Visa  MasterCard  American Express

Cardholder name \_\_\_\_\_

Card Number \_\_\_\_\_

Expiry (mm/yy) \_\_\_\_\_ Signature \_\_\_\_\_

Please charge my credit card on the \_\_\_\_\_ day of each month

**Thank you for your support**

CICIAMS The International Catholic Committee of Nurses and Medico-Social Assistants - Comité International Catholique des Infirmières et Assistantes Médico-Sociales

**Please send completed form to  
Mrs Janet Muchengwa (CICIAMS )  
Flat 3 Centreview Apartment  
4 Whitgift Street  
Surrey  
Croydon CR0 1EX.  
UNITED KINGDOM**