



**Carmichael Centre, North Brunswick Street,
FREEPOST, Dublin 7.
Freephone 1800 359 359.**

Enclosed is my gift of amount: €

Name: _____

Address: _____

City/Town: _____

Telephone: _____

Email: _____

My company has a matching gift program.

Company Name: _____

I would like to donate using a Credit Card.....
Master Card
Visa
Laser

Please print your billing information below:

Name (as it appears on the card): _____

CC Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Additional 3 Digits on Laser Cards

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature: _____ 3-Digit Security Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Exp. Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Return this form to the FREEPOST address above. Do you wish to further assist us through the revenue tax refund system? If yes please download and complete the CHY2 form from our web site. Thank You!