



Amref Health Africa in Canada

Donation Form

Date: _____

Full Name: _____

Address: _____

City _____ Province: _____

Phone: _____

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How did you hear about Amref Health Africa? _____

DONATION INFORMATION

Amount: _____

I would prefer to contribute by:

Visa Mastercard American Express Cheque

Credit Card Number: _____

Expiry date (MM/YYYY): _____

Name as it appears on card: _____

You can also donate through our website at www.amrefcanada.org