

DONATION FORM



FIN# 47- 6036143

Date: _____

Name: _____

Address: _____

Phone: _____ Mobile: _____

Email: _____

I would like to make a Donation of \$ _____ to Variety International for:

MEDICAL MISSIONS to help children in less developed countries with life-saving / enhancing surgery.

MOBILITY EQUIPMENT for children with special needs in my nearest Variety Tent (Chapter).

Check/Money Order

Enclosed is my check/money order for \$ _____ (payable to International Heart of Variety, Inc.)

Credit Card (see below)

Please debit my: Visa MasterCard AMEX

Card Number: _____

Exp: ___ / ___

Security Code (three or four digit number that appears on back of card): _____

Name (as it appears on the card): _____

On completion of this form, please post, email or fax to:

Variety International the Children's Charity
8455 Beverly Boulevard, Suite 501
Los Angeles, CA 90048
Fax: 323. 658. 8789
Email: info@varietychildrenscharity.org

Your donation will be gratefully received and formally acknowledged. An official receipt will be issued.

Phone inquiries call Variety International: 323. 655. 1547

Privacy Collection Statement

Your privacy is respected by Variety. The personal information that is collected in this form will be used to collect payment details from you. It may be provided as required or as authorized by law. If you do not provide the information, your donation may not be processed.

The name and address provided on this form may be added to Variety's database to provide the addressee with information about Variety.

If you do not wish to be contacted, please tick this box.

If you have any privacy concerns or would like to verify information held about you, please contact Variety International the Children's Charity, 8455 Beverly Blvd., Suite 501, Los Angeles, CA Tel: 323.655.1547