

DONATION FORM

I desire to support the activities under Camillian Social Care by donation for children live with disability, home for aged project, poor patients and purchase medical instrument

NAME.....

ADDRESS.....

TEL.....MOBILE.....

E-mail..... Purpose.....

I am willing to donate

One time donation for Baht

Monthly donation; amount in each month.....Baht Formonth

Start donate (Month/Year)..... Until (Month/Year).....

There are 3 ways to support us

CREDIT CARD/DEBIT CARD

Please identify your bank



Card Number ---

Security code

Expiry

Signature

(I assent to deduct the amount of money from my credit/debit card according to the above information)

BY CHEQUE in the name of Camillian Hospital (โรงพยาบาลคามิลเลียน)

BANK TRANSFER

ACCOUNT NAME “CAMILLIAN HOSPITAL” Bank of Ayudhaya

Branch **Thong Loh**

SWIFT CODE **AYUDTHBK**

Account no. **255-1-25334-8**

**Please kindly send the bank’s pay-in slip after each transaction to Camillian Hospital with this donation form by fax: 0-2185-1403 or scan file and send via E-mail: pr.camillian@gmail.com and cg.camillian@gmail.com **