

DONATION FORM



familiesforchrist.mt

TEL : 77066436

VO/1383

DONOR INFORMATION

Full Name _____ Email _____

Address _____

City _____ Post Code _____

Phone/Mobile Number _____

ADDRESS

Please make cheques payable to **Families for Christ** and return to:

**Families for Christ
c/o Springtime, 14
Triq San Bazilju,
Mqabba
Malta**

DONATION

I would like to donate the amount of: _____

I wish to make my donation anonymous

Families for Christ (VO/1383) is a voluntary organization registered in Malta.

Signature _____

Date (D/M/Y) _____

THANK YOU!

The personal information provided in this application form shall be processed in accordance with the provisions of the Data Protection Act and the General Data Protection Regulation and for the purpose(s) of Donations.