



## DONATION FORM

I am proud to support Médecins Sans Frontières with a donation today  
I enclose my donation of €

### DONATION TYPE

Cash  Cheque  Postal Order

*(Please make cheques payable to Médecins Sans Frontières/MSF)*

**OR** I authorise Médecins Sans Frontières to debit my

Visa  Visa Debit  MasterCard

Card Number

Expiry Date  /  CVV  

Card Name

Signature  Date

### YOUR INFORMATION

Title  First Name

Surname

Address

Town

County

We want to share the difference your donation makes to our patients and the reality of our work in the field. Please provide your contact information if you would like to be contacted by phone or email:

Phone  Email

I do not wish to be contacted by post

### OUR PROMISE TO YOU

Your support allows MSF to save lives. We would like to share the reality of MSF's work on the ground with you and how your vital donations are used. We are dedicated to providing the highest standard of care to all our supporters, holding your data securely and empowering you to choose how and when you are contacted. If you have any questions or feedback please feel free to contact us on 01 660 3337 or [fundraising@dublin.msf.org](mailto:fundraising@dublin.msf.org) For more information please visit [msf.ie/privacy](http://msf.ie/privacy)

**THANK YOU**  
for being part of  
Médecins Sans Frontières  
[msf.ie](http://msf.ie)  
1800 905 509

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