



REPLY FORM

Church / Organisation: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Yes, I would like my donation to go to the following;

(Childs Name)

Birthing Centre Children's Home General

(Other)

Payment Details *(Please tick appropriate box)*

A one off amount of \$ _____

\$ _____ per month for _____ months

Credit card Mastercard Visa

No:

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Expiry Date: _____ The sum of \$ _____

Signature: _____

You can also donate online at www.ruelfoundation.com

P O Box 9098, Greerton, Tauranga 3142, New Zealand
Suite 210, 1101 College Ave, Santa Rosa, CA 95404, USA

"We can do no great things, only small things with great love." Mother Teresa