



Camberwell After School Project

14 Badsworth Road,
Camberwell,
LONDON,
SE5 0JY

POST DONATION FORM

Name:	
Address:	
Postcode:	
Telephone:	E-mail:

I wish to donate £50 £20 £15 Other £ _____

I enclose a Cheque Postal Order (*Made payable to **Camberwell After School Project***)

Or

Please debit my MasterCard Visa Switch

Card No / / /

Start Date / Expiry Date /

What is the 3 digit security code?
(The last 3 numbers on the signature strip of the card)

Signature _____

Date _____