

# ACCRA REHABILITATION CENTRE

*Train and equip as many as possible persons with disabilities in employable skills !*

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## Donation Form

**1** Name (Mr/Mrs/Miss/Ms)   
Address   
 Postcode   
Telephone   
Email

**2**  I wish to donate \$10 or  my preferred amount of \$ \_\_\_\_\_

**3**  I enclose my cheque/postal order payable to the  
ACCRA REHABILITATION CENTRE

or

I would like to be contacted by the ACCRA REHABILITATION CENTRE  
to donate in person

**4** Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

**5** Please tick this box if you require an acknowledgement

Thank you for your support