

GHANA ASSOCIATION OF SOCIAL WORKERS

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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
Ghana Association of Social workers

or

I would like to be contacted by GASOW to donate in person

4 Signature(s) _____ Date _____

5 Please tick this box if you require an acknowledgement

Thank you for your support