

DONATION FORM



YES! I WANT TO HELP CHILDREN WHO HAVE SUFFERED TRAUMA.

I WISH TO MAKE A DONATION FOR THE FOLLOWING AMOUNT:

\$25 \$50 \$75 \$100 \$150 \$200 \$500

My choice \$ _____

Donations of \$2.00 and over are tax deductible in Australia.

I WILL BE PAYING BY:

Payment details:

Visa MasterCard Amex Diners Cheque Money Order

Card No

Name on Card _____

Expiry Date ____ / ____ Security Code: _____

Signature _____

This information is for the Australian Childhood Foundation use only. The Foundation does not share databases. If you do not wish to receive our appeals, please write to us at below address or call 1800 176 453.

MY DETAILS ARE: (please print clearly)

Donor number:(if known) _____

Name: _____

Company name: _____

Address: _____

Email: _____

Phone: _____

DOB (helps us identify you more securely): _____

I'M ALSO INTERESTED IN FINDING OUT MORE ABOUT:

- Making regular monthly contributions
 Making a gift to the Foundation in my will

PLEASE RETURN THIS FORM TO:

Australian Childhood Foundation
Reply Paid 525 RINGWOOD VIC 3134

