

DONATION FORM



Yes, I would like to help children who are deaf or hearing impaired to reach their full potential.

SECTION 1 – PERSONAL DETAILS

Donor no: (if known) _____ (5 or 6 digits)

Title: _____ First name: _____ Surname: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: (home) (____) _____ (mobile) _____

Email address: _____ Date of Birth: ____ / ____ / ____

SECTION 2 – PAYMENT DETAILS

Donation amount: \$ _____

Donation to: (please tick one box)

Tax Appeal The Shepherd Voice newsletter Christmas Appeal

Loud Shirt Day Australian Father of the Year

Other _____

All donations of \$2 or over are tax deductible. You will be sent a receipt within 14 days of processing your donation.

CREDIT CARD

MasterCard Visa AMEX

Card holder's name (as it appears on the card):

Card number:
_____/_____/_____/_____

Expiry date: (mm/yy) ____/____ Today's date: ____/____/____ Signature: _____

CHEQUE / MONEY ORDER

I have enclosed my cheque / money order (made payable to The Shepherd Centre)

POST this form to The Shepherd Centre, PO Box 871, Strawberry Hills NSW 2008

FAX this form to (02) 9351 7880

PHONE 1800 020 030 to donate by Credit or Debit Card

Thank you.

Please send me information about including The Shepherd Centre in my Will.

The Shepherd Centre is bound by the National Privacy Principles in the Privacy Act (1998). I would prefer not to receive further communications from The Shepherd Centre.