



## DONATION FORM

Please complete so that a receipt can be issued

Mr Mrs Ms Miss Other \_\_\_\_\_

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Date of birth (optional): \_\_\_\_\_

Postal Address: \_\_\_\_\_

State/Territory: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Preferred Contact Method: \_\_\_\_\_

I wish to donate to:

General Community Grants      Education Fund

Home Hospice      Disaster Fund

Other (the Foundation will contact you to discuss)

I wish to claim a tax deduction on this donation

Donation amount \$ \_\_\_\_\_

Cheque/money order (please make payable to Eyre Peninsula Community Foundation Inc)

Credit card (Mastercard, Visa or American Express)

Card number \_\_\_\_\_

Expiry date \_\_\_\_ / \_\_\_\_      Name on card \_\_\_\_\_

CVV (three digits on back of card) \_\_\_\_\_

Signature \_\_\_\_\_

Please return completed form (and cheque if applicable) to:

Eyre Peninsula Community Foundation Inc  
PO Box 1960  
PORT LINCOLN SA 5606

or phone the office on 0400 685 520 with your credit card details