



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

General Palliative Care Support (tax deduction not available)

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 or Visa)

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