



DONATION FORM

Please accept my gift of (circle or provide amount): \$25 \$50 \$100 Other \$ _____

Please send an acknowledgement of my donation to:

Name:

By mail at: Address:

_____ City: _____ Postcode: _____

Thank you for supporting Foundations Care, your donation is tax-deductible.

Donation information:

- Attached is my cheque/ money order (made payable to Ability Care Pty Ltd)
- Or/ debit my credit card: ● Bankcard ● MasterCard ● Visa

Card Number _____ Expiry date: ____ / ____

Cardholder's name:

Cardholder's signature:

Please send my donation tax receipt to:

Your surname (Mr/Ms/Miss/Mrs/Dr): _____

Your given names: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone: () _____ Fax: () _____

Email address: _____

- I do not want to receive any information from Foundations Care other than information regarding my donation

* Donations of \$2 and over are tax deductible. A donation receipt will be issued for all donations. Amounts below this are only receipted on request. Whilst the administration of donations is handled by Foundations Care Ltd, all donations are redistributed to your state/ territory member.