



Donation Form downloaded and printed from www.senses.asn.au

Donations

Yes!

I would like to make a donation to Senses Foundation (Inc) for the amount of:

\$ AUD _____

Payment Method (Please Tick):

Attached is a cheque or postal order for the amount mentioned above:

Please debit my credit card: (please tick)

Visa or Mastercard

Credit Card Number:

Expiry Date: /

Name of Card Holder:

Signature:

OR alternatively

I would like to make a REGULAR donation.

Please charge my credit card: \$ _____

monthly quarterly annually

_____ until I advise otherwise.

Please remember to include your contact details over the page. A tax deductible receipt will be forwarded to you.

My Contact Details:

Title: _____

First Name: _____

Surname: _____

Address: _____

Suburb: _____

State: _____ Post Code: _____

Country: _____

Telephone: _____

Email: _____

- Please send me information about remembering the Senses Foundation in my Will.
- I have already provided for the Senses Foundation in my Will.
- Please contact me with information about gifts and donations.
- Please contact me with information about Payroll Giving—automatic regular donations through my pay with tax benefits.
- Please contact me about Volunteering for Senses Foundation.