

Donation Form

Donations over \$2 are tax deductible

PLEASE FAX TO: 61 2 4229 9804
OR POST TO: PO BOX 694, DICKSON, ACT, 2602, AUSTRALIA

Personal Details

Name: _____

Address: _____

State: _____ Postcode: _____ Country: _____

Home Phone: _____ Work Phone: _____ Email: _____

Donation

1. I would like to make a **MONTHLY** donation of:

\$10 \$20 \$50 \$100 Other _____ (min \$10)

I understand that as part of my contribution, I will receive free membership of IF and agree to be bound by the rules of the association for the time being in force.

Signature: _____ Date: _____

2. I would like to make a **SINGLE** donation of: _____

➔ For a **single** donation a receipt will be mailed immediately to the address above. For monthly donations a receipt for the total will be mailed at the end of the financial year.

Use of Donation

I would like my donation to be distributed amongst all IF activities **OR**
 I would like my donation to support a particular project. Please tick:
 Afghanistan Solomon Islands East Timor Indonesia India DRC (Congo)

Method of payment

My cheque / money order is enclosed. Please make payable to **Indigo Foundation Relief Fund**

Through my credit card. Please debit my:
 MasterCard Visa Bankcard

Credit card number: _____ - _____ - _____ - _____ Expiry Date: ____ / ____

Name (exactly as on card): _____

Signature: _____

THANK YOU!!

- All donations to Indigo Foundation Relief Fund are fully tax-deductible.
- APHEDA-Union Aid Abroad processes monthly credit card donations and receives an administrative fee (5%). APHEDA ABN: 11 087 173 581 APHEDA Charity Fundraising number (CFN): 12752