**Donation details**

1. **Personal details:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **TITLE** |  Mr |  Ms |  Mrs |  Miss |  Other |  |  |
| **ORGANISATION:** |  |
| **GIVEN NAME:** |  |
| **FAMILY NAME:** |  |  |
| **POSTAL ADDRESS:** |  |
|  |  | **POSTCODE:** |
| **EMAIL:** |  |
| **PHONE:** |  | **MOBILE:** |
|  **DONATION AMOUNT: $** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 🖵 Please indicate here if you wish your donation to be anonymous. All other donations will be read during the live broadcast.  |

1. **Easy ways to make your donation**
* Post your donation with this form to:

AGAPI Care Head Office

537 High Street

Preston VIC 3072

* Visit a branch of DELPHI Bank: BSB No.: 941-302

Account No.: 201987-020

* Call 03 9416 9768 or 9471 1231
* Hand your donation in by visiting us at Head Office on the day at 537 High St, Preston.
1. **My payment details:**

🖵 Cheque / Money Order made payable to **AGAPI Care Inc**

🖵 Visa 🖵 Mastercard AMOUNT: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Number: \_\_\_ \_\_\_ \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_

Expiry Date: \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ CCV (3 digit number on back of card): \_\_\_\_\_\_ /\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_

Signature (where possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Credit card donations can also be made by calling 03 9416 9768 or 9471 1231.**

 **Donation of $2 or more are tax deductible.**