

DONATION FORM



Name (Mr/Mrs/Ms/Miss/Other): _____
Address: _____

Postcode: _____
Telephone: _____ Email: _____

Please accept my donation of:

\$25 \$50 \$100 Other \$ _____

I would like to make this donation:

one-time only monthly quarterly

If you have selected monthly or quarterly donations, your donation will be deducted from the credit card nominated below on a monthly or quarterly basis as specified. You may provide notice to us in writing at any time to cancel this authority.

Please find enclosed my cheque / money order made payable to Catholic Community Services,
OR please charge my credit card:

Visa MasterCard

Card number:

Name on card: _____

Expiry date: _____ Signature: _____

I would like my gift to assist:

Where my support is most needed, **OR**

Particular Service (please specify): _____

Thank you! Your generosity will make a difference to the people we care for every day.

Please return your completed form by mail or fax to:

Mail:
Catholic Community Services
Development Office
PO Box 1011
MEADOWBANK NSW 2114

Fax:
1800 049 967

Enquiries:
1800 225 474

Donations over \$2 to Catholic Community Services are tax deductible.

Your details remain confidential. Catholic Community Services follows the National Privacy Principles.