



Disabled Children's Foundation

DONATION FORM

Please accept my **single donation** to Disabled Children's Foundation for the amount of:

\$20 \$50 \$100 Other \$ _____

I have completed all details requested below, and ask that you debit my credit card of this amount accordingly **or**

I have completed all details requested below, and enclose my cheque/money order payable to Disabled Children's Foundation Inc.

OR

I wish to pledge a regular monthly donation amount of \$ _____

| | | | | | |
|------------------------|--|------------|--------|---------|--------|
| Contact Details | | | | | |
| Mr/Mrs/Ms | | First Name | | Surname | |
| Address | | | | | |
| Suburb | | | State | | P/Code |
| Phone No | | | Mobile | | |
| Email | | | | | |

| | | | | | |
|---|----------------------|--------------------------|----------------------|--------------------------|----------------------|
| Credit Card Details | | | | | |
| Type of Card | VISA | <input type="checkbox"/> | MasterCard | <input type="checkbox"/> | |
| Card Number | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Expiry Date | <input type="text"/> | / | <input type="text"/> | Name on Card | <input type="text"/> |
| <input type="checkbox"/> I authorize the above single amount to be deducted forthwith or | | | | | |
| <input type="checkbox"/> I authorize the above regular monthly deductions to commence forthwith, and I understand this commitment will remain in force until I otherwise advise in writing. | | | | | |
| Signed | | | Date | | |

Privacy Information

Disabled Children's Foundation respects your privacy and is committed to the National Privacy Principles which are contained in the Privacy Act 1998 and the Privacy (Private Sector) Amendment Act 2001.

Mail to

Disabled Children's Foundation Inc

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