

DONOR INFORMATION			
Title		First Name	Surname
Company Name (for business donations only)			Position
Mailing Address			
Work Phone		Home Phone	
Mobile		Email	
DONATION DETAILS (Donations over \$2 are tax-deductible .. We will send you a tax deductible receipt) <input type="checkbox"/> Once off donation \$ _____ OR <input type="checkbox"/> Kids Crusader monthly donation <input type="checkbox"/> \$20 <input type="checkbox"/> \$30 <input type="checkbox"/> \$40 <input type="checkbox"/> \$50 <input type="checkbox"/> Other \$ _____			
Payment options: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Amex			
Credit Card Number		Expiry	(MM/YY)

Card Holder Signature _____ **Date** _____

How did you hear about Act for Kids?

- Website Facebook/ Twitter Friend / Families Event Lottery TV / Radio Ad
 Email Other _____

Please complete and return this form to:

Post

Act for Kids
PO Box 1844
MILTON QLD 4064
ABN: 98 142 986 767

Email

donations@actforkids.com.au

Fax

(07) 3850 3222

DIRECT DEPOSIT:

Westpac:

BSB:

Account Number:

Act For Kids - Gift Fund Account

034 013

283017

TELEPHONE:

1300 228 000

On behalf of the kids and families you're supporting, thank you!