

## I would like to give to the Neil Sachse Foundation

\*Name:

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Position (if applicable):

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Organisation (if applicable):

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\*Address:

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\*Suburb:

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\*Postcode:

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Phone Number:

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Email:

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\*denotes compulsory information. Donations over \$2 are tax deductible

### Please choose from the following:

I would like to pledge an amount of: \_\_\_\_\_ per year for \_\_\_\_\_ years

I would like to give a gift of \$ \_\_\_\_\_ .

Please find enclosed my:  cheque  money order

Please debit my:  Visa  Mastercard

Card number: | | | | | | | | | | | | | | | | | | | | | |

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_

Expiry date: \_\_\_\_\_ / \_\_\_\_\_

Please do not include me on the Foundation's mailing list

**Neil Sachse Foundation**

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