

I would like to give to the Neil Sachse Foundation

*Name: _____

Position (if applicable): _____

Organisation (if applicable): _____

*Address: _____

*Suburb: _____

*Postcode: _____

Phone Number: _____

Email: _____

*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