

# DONATION FORM

I would like to donate \$

**My donation is:** *(please select and provide details if applicable)*

- In memory of: \_\_\_\_\_  In celebration of: \_\_\_\_\_  
 Fundraising event: \_\_\_\_\_  Registered fundraiser: \_\_\_\_\_

## CONTACT DETAILS

Personal donation **OR**  On behalf of a company/organisation *(please provide below)*

Title: \_\_\_\_\_ Given name: \_\_\_\_\_ Family name: \_\_\_\_\_

Position: \_\_\_\_\_ Company name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_ State: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## PAYMENT METHOD

- Cheque** Post to address below or donate at your local RSL LifeCare site  
 **Cash** Donate at your local RSL LifeCare site  
 **Direct deposit / credit card** Please call our Fundraising Team on 1300 232 564 to arrange payment

## DONATION DETAILS

**My donation is for general charitable purposes of:** *(please tick one)*

- RSL LifeCare  Veteran Services  Homes for Heroes

*The needs of those that we serve change regularly. Please consider making your donation for general purposes so that funds can be directed to the area of greatest need.*

**OR,** *(please select 1 only)*

I would like to make my donation for a Facility/Village\* *(please name):* \_\_\_\_\_

I would like to make my donation for a program\* *(please name):* \_\_\_\_\_

*\*Please note that if the donation preference you have specified no longer requires financial support the donation will be applied to the general charitable purposes and will be directed to the area of greatest need. We will endeavour to contact you to discuss this.*

**I would like to discuss making this a monthly donation**

By making this a monthly gift we can plan out and fund more programs

## Thank you for your donation!

**Office use only:**

Received by: \_\_\_\_\_ Location: \_\_\_\_\_ Date received: \_\_\_ / \_\_\_ / \_\_\_

Tax deductible: Yes / No