

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 company name below)*

Title: _____ Given name: _____ Family name: _____

Position: _____ Company name: _____

Email: _____ Phone: _____

Postal Address: _____

Suburb: _____ Postcode: _____ State: _____

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 Please call our Fundraising Team on 1300 232 564 to arrange payment
 Credit card Please visit www.rsllifecare.org.au or [click here](#) to complete your donation online.

DONATION DETAILS

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

- RSL LifeCare RSL LifeCare Veteran Services

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

I would like to make my donation for a Facility/Village* *(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 recurring donation

By making this a weekly, fortnightly, or monthly gift we can better plan and fund our programs

Thank you for your donation!

Office use only:

Received by: _____ Location: _____ Date received: ___ / ___ / ___

Tax deductible: Yes / No