

Monthly Donation Form



Please complete this form and fax to 03 9690 5644 or post to:
The Alannah and Madeline Foundation, PO Box 5192, South Melbourne VIC 3205.

PERSONAL DETAILS

Title _____ **First Name** _____ **Surname** _____

Address _____

Suburb _____ **State** _____ **Postcode** _____

Phone _____ **Mobile** _____

Email _____

DONATION AMOUNT (AUD)

\$10 \$25 \$50 \$75 \$120 Other: \$___

PURPOSE

The Alannah and Madeline Foundation Buddy Bags Program

FREQUENCY

Your credit card or account will be debited on the 15th of each month (or next business day) until you advise otherwise.

I authorise The Alannah and Madeline Foundation to debit the above amount from my nominated account:

Bank/Financial Institution: _____

Branch: _____

Account Name: _____

BSB: _____ Account Number: _____

OR

VISA MASTERCARD

Card No: □□□□ □□□□ □□□□ □□□□

Expiry date: _____

Cardholder's Name: _____ Signature: _____

ACKNOWLEDGMENT

By signing this Direct Debit Request, I/We acknowledge:

- I/We have read, understood and agree to the terms and conditions.
- I/We authorise The Alannah and Madeline Foundation to debit an amount equal to the amount stated above.

Signature of Donor _____ Date: / /

Thank you for helping us keep children safe from violence.