



# Donation Form

## Donor Details

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Company: (if applicable) \_\_\_\_\_

Position: (if applicable) \_\_\_\_\_

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

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

Phone (Work): \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Mobile: \_\_\_\_\_

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

Donor Number: \_\_\_\_\_

(If you have donated to Ability Centre before and know your donor number please record it above)

**I wish to make a gift to Ability Centre of \$ \_\_\_\_\_ (AUD)**

## Payment Options

Please deduct from my:    Visa / Mastercard (circle one)

Card Number:    \_\_ \_\_ \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

Exp Date:    \_\_ \_\_ / \_\_ \_\_    Name of Cardholder: \_\_\_\_\_

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

Please send this completed form with your credit card details, cheque (made out to Ability Centre) or money order to:

Ability Centre  
PO Box 61  
MOUNT LAWLEY WA 6929

or fax this form to: (08) 9444 7299 marked Attention: Fundraising

Your gift is tax deductible and a receipt will be sent out to you shortly.  
Thank you.