



SHINE for Kids

Donation Form

I wish to make a donation to SHINE for Kids Co-operative Limited

Your details:

Name: _____

Address: _____ Postcode _____

Telephone: (h) _____ (w) _____

Email: _____

Your donation:

\$25 \$50 \$75 \$100 \$125 \$150 or the amount of \$_____ (please specify)

I wish to make a monthly donation deducted from my credit card
(Note: Amounts will be deducted from your credit card on the last Tuesday of each month)

I wish to make a one-off donation

Payment options:

I enclose a cheque / money order

I authorise SHINE for Kids Co-op Ltd to make an automatic deduction from my credit card for this amount

Card type: Visa Mastercard AMEX

Card Number: _____ / _____ / _____ / _____

Expiry Date: ____ / ____ Cardholder's Name: _____

Signature: _____ Date: ____ / ____ / ____

Thank you for your donation

Donations of \$2 and over are tax deductible

SHINE for Kids Co-operative Limited

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Phone: 9714 3000

Fax: 9714 3030

Email donations@shineforkids.org.au

ABN 60 662 072 775

support -- hope -- inspire -- nurture -- empower