

Donation Form

Yes!

I wish to support St Giles and help make a positive difference in the lives of children and adults with disabilities.

I would like to make a one off donation of \$ _____

I would like to set up a monthly / quarterly / annual donation (from my credit card) of:

\$25.00 \$50.00 \$100.00 other amount \$ _____

Dr/Mr/Ms _____

Address _____

Telephone _____

Please find my cheque / money order enclosed (payable to St Giles Society Inc.) or please charge my credit card:

Bankcard Visa Mastercard

..... / / /

Card Holder's Name _____ Expiry Date _____

Cardholder's Signature: _____

Please mail or fax to:

St Giles Society Inc
PO Box 416
LAUNCESTON Tasmania Australia 7250

Fax: +61 (0) 3 6343 0980

Yes you will receive a receipt.
Donations of \$2 and over are tax deductible.

S T G I L E S S O C I E T Y I N C

