

## Donation Form

I wish to make a donation to Eldercare

Donation in honour of:  N/A

### 1. Your personal details for receipt

Title:

First Name:

Surname:

Company:

Address:

State:

Postcode:

Country (if outside Australia):

Phone:

Email:

### 2. Frequency of donation

Once-off donation

Regular ongoing donation

#### a. If you are donating as a once-off:

\$

#### b. If you are donating on an ongoing basis:

Please charge \$  to my credit card until I advise you in writing of my wish to cancel.

Monthly

Quarterly

Annually



### 3. Payment details

**Credit Card**, please debit my:  VISA  Mastercard

Card number: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Expiry: \_ \_ \_ \_

Name on Card:..... Signature:.....

### 4. Allocate this donation towards:

Capital works  Operating funds  Unspecified

At this site (if applicable):

### 5. Our address

Please enclose this form with your donation and post to:

Eldercare Australia Ltd  
Reply Paid 84284  
FULLARTON SA 5063

Or email to: [admin.headoffice@eldercare.net.au](mailto:admin.headoffice@eldercare.net.au)

Credit card donations can also be made by phone, or alternatively we can provide you with electronic funds transfer (EFT) details. Please contact us on (08) 8291 1000.

Please send me information on making a gift in my will.

*Donations to Eldercare Australia Ltd over \$2 are tax-deductible.  
Eldercare Australia Ltd is endorsed as a Deductible Gift Recipient and Public Benevolent Institution.*

**Thank you for your contribution.**

