

## Memorial Donation Form

Please print this form out to send your gift by mail to:

**BASS Care, PO Box 304, Canterbury, Victoria, 3126, Australia**

Or fax to (03) 8809 4994

Or phone (03) 8809 0005 during office hours to donate by credit card

### My details are:

(A tax receipt for your donation will be sent to this address)

Title Mr Mrs Miss Ms Dr (please circle)

First Name (please print) \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Suburb/Town \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone (BH) \_\_\_\_\_ (AH) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Email \_\_\_\_\_

### My donation is made in memory of:

### I would like to donate:

\$35     \$50     \$75     \$100     \$250    \$ \_\_\_\_\_ (Your choice)

Donations of \$2 or more are tax deductible.

### Payment details

#### Credit Card type:

Visa     Mastercard     Bankcard     American Express

#### Credit Card number:

Expiry Date: \_\_\_\_/\_\_\_\_

Name on card \_\_\_\_\_ Signature \_\_\_\_\_

Or please find enclosed a  Cheque  Money Order (made payable to BASS Care)

### Please send a letter acknowledging my donation to:

Title Mr Mrs Miss Ms Dr (please circle)

First Name (please print) \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Suburb/Town \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

**Thank you for your support**

I do not wish to receive further communications from BASS Care