Memorial Donation Form

Please print this form out to send your gift by mail to:
BASSCARE, PO Box 304, Canterbury, Victoria, 3126, Australia
Or **fax** to **(03) 8809 0088**
Or **phone (03) 8809 0004** 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 BASSCARE)

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 BASSCARE

BASSCARE

BASSCARE.ORG.AU
RECEPTION@BASSCARE.ORG.AU
(03) 8809 4000