

DONATE TO FRONDITHA CARE

NAME: _____

EMAIL: _____

PHONE NO.: _____

ADDRESS: _____

SUBURB: _____ POSTCODE: _____

DONATION AMOUNT:

\$20 \$40 \$60 \$100 OTHER AMOUNT: \$ _____

PAYMENT METHOD:

ONE TIME MONTHLY
 YES, PLEASE MAKE THIS A RECURRING MONTHLY DONATION
 CASH CHEQUE CREDIT CARD

NAME ON CARD: _____

CARD NUMBER: _____

EXP: ____ / ____ CCV: ____ SIGNATURE: _____

A TAX DEDUCTIBLE RECEIPT WILL BE ISSUED TO DONOR ONCE DONATION HAS BEEN RECEIVED.

THANK YOU FOR YOUR GENEROUS CONTRIBUTION

