

# DONATION FORM

I would like to donate \$

**My donation is:** *(please select and provide details if applicable)*

- In memory of: \_\_\_\_\_  In celebration of: \_\_\_\_\_  
 For a fundraising event: \_\_\_\_\_  For a fundraiser: \_\_\_\_\_

## Contact details

- Personal donation **OR**  On behalf of a company/organisation *(please provide below)*

Title: \_\_\_\_\_ Given name: \_\_\_\_\_ Family name: \_\_\_\_\_

Position: \_\_\_\_\_ Company name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_ State: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

## Payment details

- Donate by cheque or money or**

- Credit card** – Card type:  Visa  Mastercard  
*(please post, fax or email form to the details provided below. Or call us to make your donation by phone)*

Cardholder name: \_\_\_\_\_

Card number: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ Expiry: \_\_\_\_/\_\_\_\_ CCV: \_\_\_\_

Cardholder signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Donation details

**My donation is for:** *(please tick one)*

-     

*The needs of those that we serve change regularly. Please consider making your donation for general purposes so that funds can be directed to the area of greatest need.*

- My donation is for general charitable purposes; and/or**  
 I would like to make my donation for a facility\* *(please name):* \_\_\_\_\_  
**OR, I would like to donate to support residents\*:** *(please select 1 only)*  
 Recreational activities  Medical support  Personal care  Therapy  
 Emergency relief  Carer training  other\*: \_\_\_\_\_

**\*Please note** that if the donation preference you have specified no longer requires financial support the donation will be applied to the general charitable purposes of Homes for Heroes and will be directed to the area of greatest need.

**I would like to make this a monthly donation**

By making this a monthly gift we can plan out and fund more programs

## Thank you for your donation

**Office use only:**

Received by: \_\_\_\_\_ Location: \_\_\_\_\_ Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Tax deductible: Yes / No

Email: [donations@rsllifecare.org.au](mailto:donations@rsllifecare.org.au) | Ph: (02) 8978 4856 | Fax: (02) 9982 6604 | ABN 43 000 048 957 |  
PO Box 56, Narrabeen NSW 2101 | [www.rsllifecare.org.au](http://www.rsllifecare.org.au) | [www.homesforheroes.org.au](http://www.homesforheroes.org.au) |