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I would like to make a donation of \$200 \$100 \$50 \$30
 Other \$ _____

Please make this donation: Monthly Annually Once Only

CONTACT DETAILS

Name MR/MRS/MS/MISS/OTHER _____

Address _____

Suburb _____ State _____ Postcode _____

Phone _____ Date of Birth _____

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Organisation: _____ Donor No. _____

- I would not like to receive hardcopy communications
 I would like to receive email communications

PAYMENT DETAILS

- Cheque or money order (payable to Mary MacKillop Today)

Please debit my: Visa Mastercard Amex

Name on Card _____

Card Number ____ / ____ / ____ / ____ Expiry Date ____ / ____

Cardholder's Signature: _____

- I would like a tax deductible receipt.

Please complete and return this form to Mary MacKillop Today

BY MAIL: PO Box 1646, NORTH SYDNEY NSW 2059

BY EMAIL: donations@marymackilloptoday.org.au BY PHONE: (02) 8912 2777