

AIEF DONATION FORM

Please post or fax this form to:

Australian Indigenous Education Foundation
Suite 2A, Level 2
2-12 Foveaux Street
Surry Hills NSW 2010
Facsimile: 02 8373 8001

I (your name), _____

of (your address) _____

Suburb _____ State _____ Postcode _____

Telephone _____

Email _____

authorise the Australian Indigenous Education Foundation (AIEF) to debit my Credit Card

Card Type Mastercard Visa

Debit Frequency Once only Monthly Annually

for the amount of \$

being my contribution to Australian Indigenous Education Foundation.

Card Number - - -

Name on Card _____

Expiry Date _____ / _____ CVV _____ Signature _____

I would like my donation to be used for Scholarships Operating costs

I would like to receive my tax receipt annually in July (for monthly donations only)

Is there anything else you would like to add? _____

Office Use Only

Received: _____ Processed: _____

By: _____ Code: _____