

## 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  Quarterly  Annually

for the amount of \$

being my contribution to Australian Indigenous Education Foundation.

Card Number     -     -     -

Name on Card \_\_\_\_\_

Expiry Date \_\_\_\_\_ / \_\_\_\_\_

Signature \_\_\_\_\_

#### Office Use Only

Received: \_\_\_\_\_ Processed: \_\_\_\_\_

By: \_\_\_\_\_ Code: \_\_\_\_\_