



GIFT FORM

All donations of \$A2 and above are tax deductible.

ABN: 11 850 625 970

CFN: 21669

PLEASE ACCEPT MY:

- One-time gift of Regular monthly gift of
- \$20 \$50 \$100 \$250 Other

I will make my gift by:

- Cash Cheque or Money Order Direct Debit Credit Card

Payment in cheque or Money Order payable to : **Minimbah Challenge**

Direct Debit to: **Minimbah Challenge Inc BSB 032 088 Account 63 0803**

MY DETAILS:

First Name: Last Name:

Company:

Address:

State : Post Code:

Phone: Mobile:

Email:

FOR CREDIT CARD DONATIONS:

- Mastercard Visa

Name on Card

Card Number _ _ _ _ _ _ _ _ _ _

Expiry Date _ _ / _ _ Signature

Privacy Statement

Minimbah Challenge respects your privacy. Your personal information will be treated in accordance with the National Privacy Principles contained in the Privacy Act of 1998. If you no longer want to receive further communication from Minimbah Challenge, please call us on tel: 02 9887 2299.

Please mail this form to:
Minimbah Challenge
PO Box 1653
North Ryde NSW 2113

Or Fax to 02 9878 4564
Attn: Fundraising
Tel: 02 9887 2299

Thank you for your generosity