Donation Form

Title: (Please circle) Mr Mrs Miss Ms Other _____

First Name: _____ Last Name: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Mobile: _____ D.O.B. __ __ /__ __ /__ __

Phone: _____

Email: _____

Donation:

I would like to make a tax deductible donation of:

$500 ☐ $200 ☐ $100 ☐ $50 ☐

This is a Monthly gift: ☐ This is a One-time gift: ☐

Payment Methods:

Card Details:

Visa: ☐ Mastercard: ☐ Amex: ☐

Card No: |_|_|_|_| |_|_|_|_| |_|_|_|_| |_|_|_|_| Expiry Date: __ __ /__ __

3-4 Digit CVV Security Code: __ __ __ __ (located on the reverse of your card)

Card holder's name: _____

Signature: _____

Direct Debit:

To: LightFM Inc.

I/We request that the monies due in terms of the arrangements covered by this document, be drawn under the direct debits system from my/our account conducted with:

I/We acknowledge that this direct debit arrangement is governed by the terms and conditions of the Light FM direct debit agreement, which I/We have received and read.

Your financial institution: _____

_____

Please sign here: _____

Joint account holder signatory (if applicable): _____

Branch Name: _____

BSB: |_|_|_| - |_|_|_|

Account Number: |_|_|_|_| |_|_|_|_|_|

Account Holder's Name: _____

Cheque:

Please make cheques payable to LightFM

LightFM Inc. ABN 96 042 635 740

Locked Bag 899 / 333 Mitcham Road Mitcham VIC 3132

P 03 9955 8899 / F 03 9955 8898 / E friends@lightfm.com.au / www.lightfm.com.au