

partnership form

Name _____

Address _____

Phone _____

Email _____

REGULAR DONATION

\$25 \$50 \$100 \$200 \$500

I / we look forward to an annual request / renewal

My / our giving will be paid annually in advance

My / our giving will be paid quarterly in advance

My / our giving will be paid monthly in advance

ONE OFF DONATION

\$50 \$100 \$500 \$1000 \$2000 \$5000

Other (please specify) _____

I also require a tax receipt (All donations over \$2.00 are tax deductible)

If we don't reach our target, are you able and willing to consider more? Yes No sorry

I / we are also able to volunteer in some capacity, please keep us informed of opportunities

I / we are unable to offer financial support at this time, however I would like to volunteer

Please complete the form and return
by email to:
treasurer@underhiswings.org.au

BANK DETAILS

BSB: **066 131**

ACC No: **1049 3979**