



ABN 21 133 068 517

*A Harm Prevention Charitable Institution*

## Donation Form

Donations of \$2 or over are tax deductible.

I want to be a **Supporter** of the *First Light Care Fund*.

Here's my donation of :

\$20    \$50    \$100    \$200    \$500    \$1000    \$\_\_\_\_\_

Monthly    Quarterly    Half-yearly    Yearly    This time

My cheque payable to "*First Light Care Fund*" is enclosed, OR

Debit my credit card (around mid month), details are below

Master card    Visa

□□□□   □□□□   □□□□   □□□□

Cardholder's name: \_\_\_\_\_ Expiry date: \_\_\_\_/\_\_\_\_

Cardholder's signature: \_\_\_\_\_ Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

### My / Our Details

Title: Mr / Mrs / Miss / Ms / Dr / Rev

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

姓: \_\_\_\_\_ 名: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ P/code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Church Affiliation (if any) \_\_\_\_\_

I wish to receive First Light Care Newsletter:  by post  by email.

Thank you for your support.

Please return the completed Donation Form (with your cheque if appropriate) to:

**First Light Care Association Inc.** P.O. Box 9126 Harris Park NSW 2150, Australia.

Or fax to (02) 9281 2281.

Cash Donation of \$ \_\_\_\_\_ rec'd by FLC Staff **Signed:** \_\_\_\_\_ Date: \_\_\_\_\_



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姓: \_\_\_\_\_ 名: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ P/code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

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