



ABN 21 133 068 517

A Harm Prevention Charitable Institution

捐助表格 Donation Form

捐款 A\$2 或以上可憑收據申請扣減稅項
Donations of \$2 or over are tax deductible

*Please tick as appropriate.

I/My Company will donate:

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

Monthly Quarterly Half-yearly Yearly This time

Cash

Cheque (Please mark crossed cheque payable to: "*First Light Care Fund*")

Direct Deposit into "*First Light Care Fund*",

Commonwealth Bank Account No. **06 2006 1094 0645**

(Please email remittance to admin@firstlightcare.org.au or fax to 02 9637 4535 or post your deposit receipt with this Donation Form to our postal address)

Debit my Credit Card (around mid-month), details are below

Master card Visa

Cardholder's name: _____ Expiry date: _____/_____/_____

Cardholder's signature: _____ Date signed: _____/_____/_____

Name of Donor (for issue of tax-deductible donation receipt)

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

Surname: _____ First Name: _____

姓: _____ 名: _____

Address: _____

_____ P/code: _____

Phone: (H) _____ (W) _____ (M) _____

E-mail: _____

Church Affiliation (if any) _____

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

Thank you for your support.

Please return this completed Donation Form (with your cheque/deposit receipt if appropriate) to:
First Light Care Association Inc. P.O. Box 9126 Harris Park NSW 2150, Australia.

Or fax to (02) 9637 4535.

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