

A Harm Prevention Charitable Institution

Donation Form

Donations of \$2 and over are tax deductible.

Here's my donation of :

\$10 \$20 \$30 \$40 \$50
 \$100 \$200 \$500 \$1000 \$_____

Monthly Quarterly Half-yearly Yearly This time

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

Direct payment into "First Light Care Fund",
Commonwealth Bank account No. **06 2006 1094 0645**
(please post your receipt to our postal address), OR

Debit my credit card, details are as below:

Master card Visa

Card No: _____

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) _____ (M) _____

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 this completed supporter slip to:
First Light Care Association Inc., P.O. Box K1012, Haymarket NSW 1240,
Australia OR fax to (02) 9281 2281.

A Harm Prevention Charitable Institution

Donation Form

Donations of \$2 and over are tax deductible.

Here's my donation of :

\$10 \$20 \$30 \$40 \$50
 \$100 \$200 \$500 \$1000 \$_____

Monthly Quarterly Half-yearly Yearly This time

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

Direct payment into "First Light Care Fund",
Commonwealth Bank account No. **06 2006 1094 0645**
(please post your receipt to our postal address), OR

Debit my credit card, details are as below:

Master card Visa

Card No: _____

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) _____ (M) _____

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 this completed supporter slip to:
First Light Care Association Inc., P.O. Box K1012, Haymarket NSW 1240,
Australia OR fax to (02) 9281 2281.

