

Donation Form 捐助表格 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 本人 My Company will donate 本機構欲捐款如下：

Monthly 每月 Quarterly 每季 Half-yearly 每半年 Yearly 每年 This time 單次
Donation Amount 捐款金額 _____

Cash 現金

Cheque 支票(Crossed cheque made payable to 劃線支票, 抬頭請填寫 “*First Light Care Fund*”)

Direct Deposit (EFT) 直接存入銀行

Commonwealth Bank of Australia BSB **062-006**, Account No. **1094 0645**

Name of Account 用戶名: “*First Light Care Fund*”

Debit my Credit Card 信用咭支付

Master card Visa

Cardholder's name 姓名: _____ Expiry date 有效期限: _____

Cardholder's signature 簽名: _____ Date signed 簽名日期: _____

❖ **Donations by credit card may also be made by telephone on 以信用咭捐款者**
可致電晨光關懷協會電話: (02) 9211 9988

Name of Donor 捐款人姓名/機構

Title 稱謂: _____

Surname 姓: _____ First Name 名: _____

Address 地址: _____

_____ P/code 郵政號碼: _____

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

E-mail 電郵地址: _____

Church Affiliation 所屬教會 (if any) _____

I wish to receive First Light Care Newsletter 我願意接收晨光通訊: by post 郵寄 by email 電郵

Thank you for your support. 謝謝您的支持。

Please return this completed donation form, cheque or deposit slip to First Light Care:

請將捐助表格和支票或存款收據電郵/傳真/郵寄到晨光關懷協會:

(1) by post 郵寄 : P.O. Box 329, West Ryde, NSW Australia, or

(2) by email 電郵 : admin@firstlightcare.org.au