

**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 :

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

Monthly 每月  Quarterly 每季  Half-yearly 每半年  Yearly 每年  This time 單次捐款

**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](mailto:admin@firstlightcare.org.au)