



DONATION FORM

(Please download and complete this form)

Name.....

Address.....

State.....Postcode.....Phone number

ALL DONATIONS OVER \$2 ARE TAX DEDUCTIBLE, DGR No. 900 488 557

I would like my donation to be used by Fronditha Care Inc. for:

- General Purposes
- Specific purpose (please indicate).....

Payment Method

Cheque or Money Order (please make payable to Fronditha Care Inc)

Credit Card Details

Visa MasterCard Bankcard

____ / ____ / ____ / ____

Name on Card:.....

Expiry Date: Amount: \$.....

Cardholder signature:.....

Is this a Memorial Gift? Yes No

If Yes, please complete below

Gift in memory of:.....

Post or fax this form to:

Fronditha Care Inc
94 Springs Road
Clayton South Vic 3169
Ph: 9552 4100 Fax: 9552 4139

Thank you