

Donation Form

Step 1 Please fill out the following details (please print)

Donor details

Title _____ First Name _____ Last Name _____

Organisation (if applicable) _____

Address _____ Postcode _____

Phone _____ Mobile _____

Email _____

☐ Help us save costs and get your receipt via email

Step 2 Payment of donation

Donation – Once off

☐ Please find enclosed my cheque / money order (made payable to **Diabetes SA**)

☐ Please debit my Credid Card ☐ Visa ☐ Mastercard

Credit card No. ____/____/____/____ Expiry date ____/____ CVV ____

Card holder's name _____ Signature _____

Donation

\$

Donation – Monthly giving

☐ Please send me a Direct Debit Form so I can make a regular donations

Step 3 Sending this form

Once this form has been completed, please print and

- POST to Diabetes SA, GPO Box 1930, Adelaide SA 5001,
- or FAX to 08 8234 2013,
- or SCAN and email to info@diabetessa.com.au

Thank you for your donation. A receipt will be issued to you shortly.

Office use only

Membership no. _____ Process date _____

Processed by _____ Receipt no. _____ Checked by _____