



DONATION

Name: _____

Address: _____

_____ State: _____ Post Code: _____

Company: _____

Phone: _____

Email: _____

Amount of Donation: \$ _____ Date: _____

Regularity of donation: **One off donation** **Weekly** **Monthly**

For regular donations: Start date: _____ End Date: _____

Method of Payment:

Direct Debit: Bank: **ANZ** Name: **Yalari Limited**
BSB: **014 701** Account: **497 322 936**

Cheques and Money Orders: Please make payable to **“Yalari Limited”**

Credit Card: VISA or MASTER CARD

Card Number: ____ / ____ / ____ / ____ Expiry Date: __ / __

Name on Card: _____

Signature: _____

Thank you for your kind support
(All donations \$2 or more are tax deductible)
A receipt for your donation will be sent out to you ASAP

Please tick here if you would like to be added to our mailing list for newsletters and upcoming events.

PO Box 1355, Oxenford QLD, 4210

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