

# DONATION AUTHORITY

Please indicate  if donation is

- one off \$ \_\_\_\_\_
- If continuing monthly donation amount \$ \_\_\_\_\_
- Starting date:            /        /
  - Finishing date:         /        /            OR
- Notify in writing

## THIS MONEY IS BEING DONATED BY:

Mr    Miss    Mrs    Ms

First Name:	Last Name:
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Address:

City:	State:	Postcode:
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Telephone:

My credit card details are as follows:

- Bankcard    Mastercard    Visa

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Signature:	Expiry Date:            /        /
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Cardholders Name:

### MAIL TO: WILLIAM CAMPBELL COLLEGE

P O Box 3035, Minnamurra NSW 2533

email: [headoffice@williamcampbellcollege.org](mailto:headoffice@williamcampbellcollege.org)

website: [www.williamcampbellcollege.org](http://www.williamcampbellcollege.org)

Please accept our profound appreciation for your donation of which 100% will be used in the establishment and provision of long-term accommodation and nurturing of abused, neglected and homeless children based upon sound Christian principles. Gifts and donations are tax deductible. Ref. No. ATO DGR 465976