### AUSTRALIAN VETERANS SCHOLARSHIP – TIMOR-LESTE

### 2020 DONOR FORM

### Veterans Care Association Inc | Reg. Charity No: CH2629 | ABN: 97 213 464 172

### **Donor Information** (please print or type): *Tax receipt will be sent to this address \*All donations over $2 are tax deductible*

|  |  |
| --- | --- |
| Name |  |
| Billing address |  |
| City, State, Post Code |  |
| Phone 1 | Phone 2 |  |
| Email |  |

### **Pledge Information**

I pledge to:  Fund 1 x English Language Scholarship Course ($500)

Fund 2 x English Language Scholarship Course ($1000)

Fund \_\_ x English Language Scholarship Course ($500ea)  Provide a personalized contribution as below.

I (we) pledge a total of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be paid: now monthly quarterly yearly.

I (we) plan to make this contribution in the form of: bank transfer check credit card cash other.

#### **Payment Details** (Direct Bank Transfer preferred to reduce administration)

#### **BANK TRANSFER:** Account Name: VCA Veterans Scholarship BSB: 034 034 Account Number: 376810

#### Reference: AVSTL-(Insert Your Name) eg. Reference: AVSTL - JRSmith

#### 

#### **CREDIT CARD PAYMENT: (payment processed via paypal)**

|  |  |
| --- | --- |
| Card name |  |
| Credit card number |  |
| Authorized signature |  |

|  |
| --- |
| *Expiry*: /  *CVV*: |

### **Acknowledgement Information**

Please use the following name(s)/Company name in all acknowledgements:

I (we) wish to have our gift remain anonymous.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature(s) |  | Date |

#### 2 Victoria Park Road, KELVIN GROVE QLD 4059

*Please email the form to:* [*candice@veteranscare.com.au*](mailto:candice@veteranscare.com.au) *and cc:* [*treasurer@veteranscare.com.au*](mailto:treasurer@veteranscare.com.au)

### 

### Veterans Care Association Inc | Reg. Charity No: CH2629 | ABN: 97 213 464 172