### 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* *and cc:* *treasurer@veteranscare.com.au*

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