



## Donation Form

Date: \_\_\_\_\_

Name(s) to appear on Tax Receipt: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_@\_\_\_\_\_

### Please indicate how you wish to donate:

Donation Amount \$ \_\_\_\_\_

Cheque payable to **BlazeAid Inc**

EFT – Account Name: BlazeAid Inc

BSB: 633 000 Account Number: 149 795 908

(Please use your name as a reference to help us identify your generous donation. Thank you)

Visa

Mastercard

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_/\_\_\_\_

CVV: \_\_\_\_

Name of Cardholder: \_\_\_\_\_ Signature: \_\_\_\_\_

A receipt will be forwarded to above address. All amounts over \$2.00 are tax deductible.

Please return the completed form to:

BlazeAid Inc. PO Box 73 Kilmore VIC. 3764 or email: [blazeaid.donations@gmail.com](mailto:blazeaid.donations@gmail.com)