

(* = required information)

Title *

First Name *

Surname *

Year of Birth

Address *

Suburb *

State *

Postcode *

Country *

Work Phone

After Hours

Mobile

Email Address

Supporter Number (if Known)

Preferred method of communication *

- Email Post

What prompted you to give today? *

- | | |
|--|---|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Received an Austcare mailing |
| <input type="checkbox"/> Media Report | <input type="checkbox"/> Received an Austcare email |
| <input type="checkbox"/> TV advertisement | <input type="checkbox"/> Link from another website |
| <input type="checkbox"/> Print advertisement | <input type="checkbox"/> Met an Austcare representative |
| <input type="checkbox"/> Radio advertisement | <input type="checkbox"/> Other |
| <input type="checkbox"/> Link from a search engine | |

I would like to take action to change people's lives by Becoming a Global Action Partner and making a monthly gift

Monthly gift amount * \$
Donations of \$2 and over are tax deductible

I would like to pay by:

Credit Card:

- Card Type * Visa Mastercard Amex Diners Club

Card Number *

Expiry Date *
M M / Y Y

Name on Card *

Cardholder's Signature * Date / /
DD / MM / YYYY

Direct Debit:

Account Details *
BSB Account #

Account Name *

Financial Institution *

Please read the Direct Debit agreement below before you sign. Both signatures are required for a joint account.

69-71 Parramatta Road
 Camperdown NSW 2050
 Locked Bag 5515
 Camperdown NSW 1450 Australia
Phone: +61 2 9565 9111
Facsimile: +61 2 9550 4509
Donations: 1300 66 66 72
Email: info@austcare.org.au
Website: www.austcare.org.au

Direct Debit Request. By returning the above form I/we request Austcare (User ID: 259429) to arrange for funds to be debited from my/our account at the financial institution identified on the enclosed form and as prescribed through the Bulk Electronic Clearing System. This authorisation is to remain in force in accordance with the terms described in the Direct Debit Agreement following:

1. Direct Debiting is not available on the full range of accounts. If in doubt, please refer to your financial institution.
2. You are advised to check your account details by contacting your financial institution.
3. Your account will be debited on the 20th (twentieth) of each month or the nearest working day.
4. It is your responsibility to ensure sufficient clear funds are in the nominated account when payments are to be drawn. If the transaction is returned unpaid, we will contact you seeking your instructions.
5. Should you wish to cancel, defer or make alterations to the Direct Debit arrangement, please ring (02) 9565 9111 or write to Austcare, Locked Bag 5515, Camperdown NSW 1450 or your financial institution. We will give you 14 days' notice if we vary any of the debit arrangements.
6. Should you have any queries or dispute any Debit item, please contact Austcare or your financial institution.
7. Your records and account details will be kept private and confidential to be disclosed only if requested by yourself or the financial institution if a claim is made for an alleged incorrect or wrongful debit.

Signature _____

Date __ / __ / ____

Signature _____

Date __ / __ / ____