

- Authority for Periodical Donation -

I would like to donate the sum of \$..... to
(Insert full name) (insert amount)

The Esther Foundation [ABN 54154517827] on a monthly basis from:...../...../.....
(insert date) until...../...../.....or until further notice yes
(insert date of final withdrawal or tick until further notice)

Please debit my credit card account:

Card type: Visa / Mastercard / American Express / Diners Cub

Card Number:

Expiry Date: __ / __

Name of Cardholder:.....

Signature of Cardholder:.....

I understand that this authority will remain effective until date of final withdrawal as stated above or written notice of such revocation is received by The Esther Foundation

Contact Details:

Address:.....

Suburb:.....State:..... Postcode:.....

Phone: :.....

Email:Mobile.....

.....
(Signature)

Please complete and return to:
The Administrator
The Esther Foundation Incorporated
P.O.Box 87
South Perth 6951
Western Australia



Or scan and email to accounts@estherfoundation.org.au

***All donations over \$2 are tax deductible**