

Donation Form

PRINT / FAX / POST

YES! I / We wish to support the work of Jewish Care (Victoria) Inc.

Please print out and complete this form and return it to Jewish Care (Victoria) Inc by following one of the steps below:



*Mail JC Appeal, 619 St Kilda Rd
Melbourne, Victoria 3004*



Fax (03) 8517 5705

PERSONAL DETAILS

MR / MRS / MISS / MS / DR

FIRST NAME _____ SURNAME _____

DATE OF BIRTH _____ ID NUMBER (IF KNOWN) _____ APPEAL CODE (IF KNOWN) _____

(COMPANY NAME) _____

ADDRESS _____

POSTCODE _____ MOBILE _____ TELEPHONE _____

EMAIL _____

HOW DID YOU HEAR ABOUT THE ANNUAL APPEAL?

- | | | | |
|-----------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> PRESS AD | <input type="checkbox"/> COMMUNITY BOARDS | <input type="checkbox"/> LAUNCH EVENT | <input type="checkbox"/> APPEAL LETTER |
| <input type="checkbox"/> POSTER | <input type="checkbox"/> BROCHURE | <input type="checkbox"/> WEBSITE | <input type="checkbox"/> OTHER _____ |

GIFT FOR JEWISH CARE ANNUAL APPEAL 2009

Please accept my donation of \$ _____ (All donations over \$2 are tax deductible)

I have enclosed a cheque payable to Jewish Care.

OR Please debit my: VISA MASTERCARD DINERS CLUB AMEX

Card No

Expiry Date ____/____/____ Name on Card _____ Signature _____

JEWISH CARE

ABN 78 345 431 247 ARN A0040705X
619 St Kilda Road, Melbourne Victoria 3004
donations@jcappeal.org.au www.jcappeal.org.au

FOR INTERNAL USE ONLY:

Donation taken by _____ Date _____