



Monthly Donation Form

Name:.....

Address:.....

Email:

Tel:.....

\$5.00 \$10.00 (please circle)

My preferred amount of \$ _____ per month

Date first donation expected:.....

Signature:.....

Our preferred method of payment is by direct bank transfer. You can arrange this through your bank by asking them to setup a regular, monthly transfer of the amount above into our bank account

“The DOT Charitable Foundation”

Bank: St George Bank

BSB: 112-879

A/C: 455896843

IMPORTANT: Please ensure that the transfer includes your name in the description. We need this in order to identify the source of the donation. This way we can verify that your transaction was successfully completed.

Date: _____ / _____ / _____

You may cancel this monthly donation by informing your Bank at any time. Please inform us also. Any time you can inquiry how we are spending your money. We will arrange one receipt for the whole year.

**Please return this donation form to
Po Box 868, Cherrybrook, NSW 2126 or mail dot.charity@hotmail.com**