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Donation Form

I am donating as An Individual A Company _____

Title: Mr / Mrs/ Ms / Other

First Name: _____ Last Name: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____ Email: _____

Year of birth: _____

Please send me information on how I can help A.Q.A. Victoria Ltd by leaving a bequest in my will

I have already included A.Q.A. Victoria Ltd in my will

I would like to donate: \$ _____ (Make cheque payable to A.Q.A. Victoria Ltd)

Payment Type: Money order Cheque Credit Card (enter details below)

Credit Card Details (please print clearly)

Card Type: Visa MasterCard American Express

Card Number: / / / Expiry Date: ____ / ____

Cardholders Name: _____ Cardholders Signature: _____



AQA is a not-for-profit public company and registered charity.
All donations over \$2 are tax deductible and we will provide you with a receipt.

