



DONATION FORM

I wish to donate \$ _____ to (FUND) _____

Full Name _____

Address _____

_____ Postcode _____

Telephone _____ Mobile _____

Email _____

Cheque/Money Order \$ _____

Credit Card

Exp. ____/____

Cardholder _____

Bank Transfer _____

(CHARITY FUND 015-010 Account 1101-11297)
(HEALTH FUND 015-010 Account 4953-92607)

Member of Lodge _____