



CITY OF PERTH SURF LIFE SAVING CLUB TRUST

YOUR CLUB YOUR COMMUNITY CAMPAIGN

A Gift I'm Proud to Give

I pledge/donate the sum of: \$ _____ made as follows:

Year: _____ Month: _____ \$ _____

Year: _____ Month: _____ \$ _____

Alternative

You may list my name on a public list of donors.

You may announce the value of my gift.

Signature: _____

Date: _____

Donor Details

(Your tax receipt will be issued in this name. Please print clearly.)

Title: _____

First Name: _____

Last Name: _____

Company Name (if required on tax receipt): _____

Address: _____

Town/Suburb: _____

State: _____

Post Code: _____

Phone: _____

Email: _____

Payment Details

Cheque (please make payable to '**City of Perth Surf Life Saving Club**') _____

EFT (We will contact you with account details) _____

Please forward the completed form to:

City of Perth Surf Life Saving Club

Attention: Manager

PO Box 387

Scarborough WA 6922