

# In Celebration

**YOUR DETAILS** (A tax deductible receipt will be issued for donations made over \$2.00)

Title (eg Mr Mrs Ms Miss Dr): \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Town/Suburb: \_\_\_\_\_ Post Code \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_ Yes, I may be contacted by email

## DETAILS OF THE PERSON TO BE CELEBRATED

So we can notify this person the total amount collected in celebration of their event

Title (eg Mr Mrs Ms Miss Dr): \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Town/Suburb: \_\_\_\_\_ Post Code \_\_\_\_\_

**My gift celebrates the:**



Wedding



Birthday



Anniversary



Other \_\_\_\_\_

## PAYMENT DETAILS

My donation today is:  \$100  \$50  \$30  Other \$ \_\_\_\_\_

Payment method: Credit Card Cheque M/Order

Please debit my credit card:  Visa  Bankcard  Mastercard  Amex  Diners

Card No

Expiry Date \_\_\_\_\_ Security no \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

I would like more information on: Donating regularly from my bank account or credit card by automatic debit.  
Yes, please send me information on Wills and Bequests.  
Mail me more information about epilepsy and the work of the Epilepsy Association

**Mail or fax form to: Donations in lieu of gifts, The Epilepsy Association ACT Inc PO Box 3744 Weston Creek 2611 Fax: 02 6287 4556**

Please note card will be charged to Car Care Centre