

Giving to
Heathgrove Study Centre

I wish to help Heathgrove

PERSONAL DETAILS

First Name: _____ Last Name: _____

Address: _____

Phone: _____ Email: _____

Name for receipt purposes, if different from above: _____

I WISH TO DONATE A MONTHLY GIFT OF:

\$100 \$200 \$500 \$1,000 Other: _____

or

I WISH TO MAKE A SINGLE GIFT OF:

\$500 \$1000 \$5,000 \$10,000 Other: _____

I WOULD LIKE TO DONATE BY:

CHEQUE payable to Heathgrove Study Centre Building Fund

CREDIT CARD complete details below or online at www.givenow.com.au/heathgrove

DIRECT TRANSFER BSB: 062 173 Account: 1019 8494
Name: Heathgrove Study Centre Building Fund

CREDIT CARD DETAILS

Card Type: Visa MasterCard

Card number: _____ / _____ / _____ / _____

Cardholder's Name: _____ Expiry date: ____ / ____

Signature: _____ CCV: _____

THANK YOU FOR YOUR GENEROUS SUPPORT!

Please complete form and return it to AEPL. Keep a copy for your records.