



Xavier Children's Support Network Off-Line Donation Form

Donations of \$2 and over are Tax Deductible

Dr/Mr/Mrs/Miss/Ms (circle appropriate) First initial: _____

Surname: _____

Signature: _____

Address: _____ Postcode: _____

Phone: _____ Mobile: _____

Please accept my donation of (accept appropriate choice):

\$75.00

\$20.00

\$50.00

\$100.00

Other amount \$ _____

Please debit my credit card (minimum amount \$10.00)

Bank card Visa MasterCard American Express Diners Club

Name on Card: _____

Account Number: _____

Expiry Date: ____/____/____

I authorise my credit card to be debited with the above donation:

Signature: _____ Date: ____/____/____

Please find enclosed (circle appropriate choice):

Cheque or Money order

I wish to become a regular donor.

Monthly

Quarterly

Half Yearly

Annually

Other

Signature: _____ Date: ____/____/____

Thank you for your kind generosity.