



Lifeline Australia Donation Form

DATE: _____

PERSONAL DONATION:

Title (Mr, Mrs, Ms, Dr, Prof, Mr & Mrs): _____

First Name: _____ Middle Name: _____

Surname: _____

Postal Address (Street/PO Box): _____

Suburb/Town: _____

State/Postcode: _____

COMPANY DONATION:

Company Name: _____

Contact: _____

Postal Address (Street/PO Box): _____

Suburb/Town: _____

State/Postcode: _____

Please indicate your preferred donation purpose

- A. Please use my donation where it is most needed
B. The 24 hour national telephone counselling service 13 11 14
C. Suicide awareness and prevention programs - Lifeline Suicide Prevention Fund
D. Support for Lifeline Centres in regional, rural or remote communities.
E. My Local Lifeline Centre

GIFT AMOUNT: \$ _____

Credit Card: [] Mastercard [] Visa [] Bankcard

Credit Card No: _ _ | _ _ | _ _ | / _ _ | _ _ | _ _ | / _ _ | _ _ | _ _ |

Expiry Date: ___ / ___

Name on card: _____

I authorise Lifeline Australia to debit my credit card for the above amount:

- [] Only Once [] Monthly until further notice [] Quarterly until further notice [] Yearly until further notice

Cheque payment: Please make payable to Lifeline Australia.

- All donations to Lifeline Australia are tax deductible
• A receipt will be sent to you

SEND TO LIFELINE

Please send your completed form to PO Box 173, Deakin West, ACT, 2600 or fax to (02) 6215 9401.

FINALLY:

- Would you like to subscribe to the Lifeline Australia monthly E-Newsletter?
[] YES [] NO

Email address: _____