



EMMANUEL COLLEGE WARRNAMBOOL
FOUNDATION^{LTD}

Securing the Future

FOUNDATION DONATION FORM

I/ We would like to donate a total of \$ _____
to the Emmanuel College Foundation.

YOUR DETAILS

Name: _____
Business Name: (if applicable) _____
Address: _____
Suburb: _____ Postcode: _____
Phone: _____ Mobile: _____
Email: _____

I wish to make:

One gift
Gift amount \$ _____

or

Make an annual gift
Annual Gift amount \$ _____
The first payment will commence on _____
Gift will continue for _____ years.

Tick one:

- I am interested in naming opportunities
- I would like my gift to remain anonymous
- I would like my gift recorded in another way (to name above)

(Eg: A business name, or Smith Family, Mr Don Smith, D Smith)

METHOD OF PAYMENT

- Direct Debit
Payment of: \$ _____
BSB: 803073
A/C No: 100038893
A/C Name: Emmanuel College Warrnambool Foundation
Description: YOUR NAME

- Cheque
Payment of: \$ _____
Payable to Emmanuel College Warrnambool Foundation Ltd

- Credit Card
Payment of: \$ _____
 Visa Mastercard
Cardholder Name: _____
Card Number: _____
Expiry Date: _____ / _____
CVC: _____
Signature: _____

FOR FURTHER INFORMATION PLEASE CONTACT:

Emmanuel College Foundation
PO Box 486 Warrnambool Victoria 3280
Phone: (03) 5560 0888
Email: foundation@emmanuel.vic.edu.au

Emmanuel College Foundation Ltd.
ABN: 63626399497
Receipts will be issued