BKFA DONATION FORM



PERSONAL DETAILS

Title and full na	ame						
Address							
Postcode				Ph number (mob)		
Ph number (ho	me)						
Email				I prefer to be contacted by mail \square email \square			
Please accept my donation of \$25 □		\$50 🗆	\$100 Other \$ tax deductible)				
□ My cheque/r	noney o	order mad	de payable t	o Birthing Kit	Foundatio	n Australia is	enclosed
Please debit my credit card			Mastercard □ Visa □				
Card number							
Security code				Expiry date			
Name on card							
☐ I have made a direct transfer via EFT to Birthing Kit Foundation (Australia) BSB: 015560 ACC: 492737593 SWIFT CODE: ANZBAU3M Please include your name in the details of the payment							
Signature						Date	
Please send me ☐ Becomin ☐ Fundrais ☐ Workpla	g a men ing for E	nber of BI BKFA					