



## OFFICIAL DONATION FORM

Name: .....

Address: .....

..... (Post Code) .....

Telephone: ..... Mobile: .....

Email address: ..... Fax No: .....

Donation Amount: \$ .....

### Method of Payment:

Electronic Funds Transfer to the following bank account:

Account Name: **Into Our Hands Community Foundation Ltd as  
Trustee for Into Our Hands Public Fund**

Bank: **Bendigo Bank**      BSB: **633 000**      Account: **1497 59797**

Or

Cheque payable to: **Into Our Hands Foundation Public Fund**

**To obtain a receipt for your donation, please send this form marked:**

**Attention: Peter Ahne (Treasurer) by either:**

Post:      Into Our Hands Foundation, P O Box 586, Myrtleford, Vic, 3737

Email:      [petera@crmbusinessadvisors.com.au](mailto:petera@crmbusinessadvisors.com.au)

Or Fax:      03 57522660

A receipt for your deposit will be forwarded within 7 working days of payment to the above address **(all amounts over \$2.00 are tax deductible)**.

*Thank you for your donation*