## DONATION FORM

## **Boat Fund**



| $\langle \ \rangle$                                                                                                                                                                                                                                                                                                                                              |                        |              | $\rightarrow$ |         |      | DONATION  |           |             |           |          |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------|---------------|---------|------|-----------|-----------|-------------|-----------|----------|------------|--|
|                                                                                                                                                                                                                                                                                                                                                                  |                        |              |               |         | □ On | e-off     | □ Regular |             |           |          |            |  |
| PAYMENT FREQUENCY                                                                                                                                                                                                                                                                                                                                                |                        |              |               |         |      |           |           |             |           |          |            |  |
|                                                                                                                                                                                                                                                                                                                                                                  |                        |              |               |         |      | □ Mo      | nthly     | □ Quarterly | □ Bi-annu | ally     | □ Annually |  |
|                                                                                                                                                                                                                                                                                                                                                                  |                        | \            | 2             |         |      |           |           |             |           |          |            |  |
| AMOUN                                                                                                                                                                                                                                                                                                                                                            | AMOUNT                 |              |               |         |      |           |           |             |           |          |            |  |
| □ \$25                                                                                                                                                                                                                                                                                                                                                           | [                      | □ \$50       |               | □ \$100 |      | \$200     |           | □ \$500     | □ Other   | \$       |            |  |
| DONOR                                                                                                                                                                                                                                                                                                                                                            | DETA                   | ILS          |               |         |      |           |           |             |           |          |            |  |
| Title                                                                                                                                                                                                                                                                                                                                                            | Mr Mrs Ms Miss D       |              |               |         | Dr   | Other     |           |             |           |          |            |  |
| First name                                                                                                                                                                                                                                                                                                                                                       |                        |              |               |         |      | Last name |           |             |           |          |            |  |
| Company                                                                                                                                                                                                                                                                                                                                                          | name (i                | f required o | on receipt)   | )       |      |           |           |             |           |          |            |  |
| Mobile                                                                                                                                                                                                                                                                                                                                                           | Mobile Email*          |              |               |         |      |           |           |             |           |          |            |  |
| Street add                                                                                                                                                                                                                                                                                                                                                       | dress                  |              |               |         |      |           |           |             |           |          |            |  |
| Town/City                                                                                                                                                                                                                                                                                                                                                        |                        |              |               |         |      | State     |           |             | Postcode  |          |            |  |
| *Your receipt will be emailed to you, please ensure you include a current email address                                                                                                                                                                                                                                                                          |                        |              |               |         |      |           |           |             |           |          |            |  |
| PAYMENT DETAILS                                                                                                                                                                                                                                                                                                                                                  |                        |              |               |         |      |           |           |             |           |          |            |  |
| □ Cheque ** □ Cash □                                                                                                                                                                                                                                                                                                                                             |                        |              |               | □ Visa  |      | □ Ar      | mex 🗆     | Mastercard  |           | □ Diners |            |  |
| ** Make cheques payable to the Australian Sports Foundation Ltd                                                                                                                                                                                                                                                                                                  |                        |              |               |         |      |           |           |             |           |          |            |  |
| Name on                                                                                                                                                                                                                                                                                                                                                          | Name on card Amount \$ |              |               |         |      |           |           |             |           |          |            |  |
| Card nun                                                                                                                                                                                                                                                                                                                                                         | nber                   |              | /_            | /_      |      | ./        | _         | Expiry      | /         | CC'      | V          |  |
| I would like my gift to benefit the Boat Fund project and I understand that my donation is made unconditionally to the Australian Sports Foundation. By making this donation I accept the ASF's Privacy Policy and Terms and Conditions. To the best of my knowledge, I and my relatives and associates will not benefit in any material way from this donation. |                        |              |               |         |      |           |           |             |           |          |            |  |
| Signature                                                                                                                                                                                                                                                                                                                                                        | )                      |              |               |         |      |           |           | Doto        | 1         | ,        |            |  |
|                                                                                                                                                                                                                                                                                                                                                                  |                        |              |               |         |      |           |           | Date        | /         | /        |            |  |

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