



Donation Form

The ACMA Charitable Trust (ABN 26306 825 512)

Yes, I/we would like to support and donate to the ACMA Charitable Trust

I wish to donate \$ _____ to the ACMA Charitable Trust for its charitable projects.

Information for receipt (Optional if receipt not required)

Billing Name:

_____ *Title Given Names Surname*

Billing Address:

_____ *Street Address*

_____ *City State Postcode*

Phone:

_____ Email: _____

Payment Information

Payment Options:

A variety of payment options exist:

- **Credit Card** (VISA and MasterCard accepted) – enter details below or call the office to give the secretary the card details;
- **Cheque** – Enclose a cheque payable to “ACMA Charitable Trust”

I wish to donate to the ACMA Charitable Trust by:

Cheque

Credit Card

Cardholders Name: _____ Amount (\$): _____

Card Number: _____ Expiry: _____

Signature: _____ Date: _____

Please fax, mail or email this form with either credit card details or cheque to the ACMA office.

Note: Sponsorship/donations of \$2 and over are tax deductible (AF159C/SF9346).

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