DONATION FORM



CONTACT DETAILS (receipt will be issued in the following name)

TITLE	FIRST NAME	SURNAME		
COMPANY NAME	E (if required on receipt)			
POSTAL ADDRESS	;			
SUBURB		STATE	F	POSTCODE
TELEPHONE (BH)		MOBILE		
EMAIL				
□ We would lik	e to make a voluntary tax dec	ductible donation to the ASF of \$.		_
PAYMENT DETA	IL S □ Cash □ Visa	□ Mastercard □ EFT (W	/ill advise)	
** Please make ch	neques payable to The Sport Au	stralia Hall of Fame		
CARDHOLDER N	AME		TOTAL AMOUNT \$	
CARD NUMBER			CCV^	EXPIRY
			^ 3 or 4 digit secu	urity code located on credit card
While the above donation is made unconditionally to the Australian Sports Foundation, our preferred beneficiary is the Sport Australia Hall of Fame Foundation Project (206270). By making this donation we accept the ASF's Privacy Policy and Terms and Conditions*.				
SIGNATURE		DATE		

Please return this form to: Tania Sullivan Operations Manager The Sport Australia Hall of Fame PO Box 173 EAST MELBOURNE VIC 8002

For information, please contact Tania Sullivan - tania.sullivan@sahof.org.au or (03) 9510 2066

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