

# Ambulance Victoria

## Donation Form

Suite 102, 65 Fennell Street, Port Melbourne VIC 3207  
T 1300 566 435 F 03 9011 7766  
E donations@ambulance.vic.gov.au  
ABN 50 373 327 705



Date: \_\_\_/\_\_\_/\_\_\_

### DONOR DETAILS

Title: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### DONATION DETAILS

Yes, I would like to make a donation of:  \$1000  \$500  \$100  \$50  other: \$ \_\_\_\_\_

Please select where you would like your donation to be directed towards and specify location:

General **or**  Auxiliary \_\_\_\_\_ **or**  Branch \_\_\_\_\_

### PAYMENT DETAILS

Please select your preferred payment option:

1. Cheque/Money Order:

Please find attached cheque/ money order payable to **Ambulance Victoria**.

2. Credit Card:

Please debit the above amount from the following credit card:  Visa **or**  Master Card

Card number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiry Date: \_\_\_/\_\_\_

Cardholder's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

3. Direct Deposit:

Direct deposit into the Ambulance Victoria Westpac Bank Account BSB 033 395 ACC 245520

Deposit reference: \_\_\_\_\_

Please return this form completed, to the address listed at the top of this form. All donations \$2.00 and over are tax deductible.

Ambulance Victoria is required to disclose donations over \$1000 for publication in their Annual Report.

Please advise if you would like your donation to be disclosed: yes  no

Ambulance Victoria is dedicated to keeping your details confidential. Any information we collect in relation to you, is kept in a secure location. We do not pass on/sell/swap any of your personal details to any third parties. The information provided will be used solely for its intended purpose.

**Thank you for supporting Ambulance Victoria.**  
**Your donation allows us to continue improving the health of the Victorian community.**

### I WOULD LIKE TO LEARN MORE ABOUT

Ambulance Victoria Membership

Community Education Programs

Becoming a regular giver

#### OFFICE USE ONLY

Authorised for AR processing by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ GL Code: 1- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - 000

Comments: \_\_\_\_\_