



Thank you for supporting Ambulance Victoria.
Your kind contribution will assist us in delivering best care to every patient every time.

DONOR INFORMATION

Title	Name		
Address			
Suburb	State	Postcode	
Phone	Email		

GIFT DETAILS

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

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

General or Auxiliary _____ or Station/Branch _____

I would like this gift to remain anonymous

PAYMENT

Cheque/Money Order - Please make payable to Ambulance Victoria

Direct Deposit - Banking Details: Ambulance Victoria, Westpac Bank Account, BSB 033 395, ACC 245520

Please state the deposit reference used when making deposit _____

For **Credit Card** payments please pay **Online** via the AV website: ambulance.vic.gov.au/donate-online-now

Please return this completed form to Ambulance Victoria's Community Fundraising Office

Post Ambulance Victoria Community Fundraising,
375 Manningham Road, Doncaster Vic 3108

Phone 1300 566 435 **Email** donations@ambulance.vic.gov.au

ABN 50 373 327 705

All donations \$2.00 and over are tax deductible.

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.

OFFICE USE ONLY

Date received ____/____/____ Name of staff receiving: _____

Received via: Post Email Phone GL/Fund Code ____-____-____-____-____-____

Reason for giving: (i.e. commendation, auxiliary fundraising, tribute) _____

Funds Cleared ____/____/____ Receipt/Thank You Letter Sent: ____/____/____

Notes: _____

