

Single Donation

1. DONATION AMOUNT

Yes I wish to support the Royal Life Saving Society Queensland by donating \$ _____

2. CHEQUE / MONEY ORDER PAYMENT

I've enclosed my Cheque / Money Order made payable to The Royal Life Saving Society Qld.

OR

3. CREDIT CARD PAYMENT

Please debit my: MasterCard Visa Card

Credit Card Number _____ / _____ / _____ / _____

Cardholders Name: _____ Card Expiry ____ / ____

Signature: _____ Date _____

4. PERSONAL DETAILS FOR RECEIPT – all donations over \$2.00 are tax deductible.

Title: _____ First name: _____ Surname: _____

Company: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone H: _____ Phone W: _____ Mobile: _____

Email: _____ Date of Birth: ____ / ____ / ____

5. THANK YOU FOR YOUR DONATION. PLACE THIS FORM IN AN ENVELOPE AND POST TO:

The Royal Life Saving Society Queensland
P.O. Box 1093
CAPALABA DC QLD 4157