



## DONATION FORM

Title..... First name ..... Last name .....

Address .....

.....PC.....

Phone ..... Email .....

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### MY PLEDGE

#### Amount per year

\$250  \$500  \$1,000  \$2,000  \$5,000  My choice \$..... beginning  
...../...../20...

Please debit my  Visa  MasterCard  AMEX with my first installment of \$.....

OR My cheque for my first instalment of \$ ..... made payable to WAMA Foundation,  
is attached

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### MY DONATION

\$50  \$100  \$250  \$500  \$1,000  \$2,000  My choice \$ .....

Please debit my  Visa or  MasterCard  AMEX \$ .....

OR My cheque for \$ ..... made payable to WAMA Foundation is attached

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### MY CARD DETAILS

Cardholder's name .....

Card number

Card Expiry ...../.....

Cardholder's signature .....

### POSTAL ADDRESS:

WAMA Foundation

PO Box 28

Stawell, Victoria 3380