

DONATION FORM

PERSONAL DETAILS

Mr/Ms/Mrs/Dr	First Name	<input type="text"/>	Surname	<input type="text"/>
Address <input type="text"/>				
City/Suburb <input type="text"/>			Postcode	<input type="text"/>
State	<input type="text"/>	Phone	<input type="text"/>	
Email <input type="text"/>				
Organisation <input type="text"/>				

DONATION DETAILS

Annual Giving

I would like to donate to the Annual Giving Program at the following level:

- | | |
|---|--|
| <input type="checkbox"/> Friend \$250 + | <input type="checkbox"/> Significant Patron \$5,000 + |
| <input type="checkbox"/> Supporter \$500 + | <input type="checkbox"/> Distinguished Patron \$7,500+ |
| <input type="checkbox"/> Special Supporters \$1,000 + | <input type="checkbox"/> Ambassador \$10,000+ |
| <input type="checkbox"/> Patron \$2,500 + | |

I would like this to be an annual donation for 1yr 3yrs 5yrs 10yrs

**For monthly donations or to gift under \$250, please feel free to go to givenow.com.au/sculpturebythesea*

Endowment Fund

I would like to make a gift to the Endowment Fund of \$

Acknowledgement Details

- Please acknowledge my gift in the name/s of
- I would like my donation to be anonymous

PAYMENT DETAILS

- I enclose a cheque made payable to Sculpture by the Sea Incorporated **OR**
- I have made an electronic funds transfer. Acc Name: Sculpture by the Sea Public Fund
BSB: 082057 Acc No: 868326427 Reference: Your Name **OR**
- Please debit the amount of \$ from my VISA Mastercard AMEX
- Card Number
- Expiry / Cardholder's Name
- CW Cardholder's Signature

- I wish to receive the *Sculpture by the Sea* eNews
- I would like to learn more about corporate donations
- I would like to learn more about making a gift to *Sculpture by the Sea* in my Will

Return this form via: POST to *Sculpture by the Sea*, PO Box 300, Surry Hills, NSW 2010
SCAN & EMAIL to louise.gilligan@sculpturebythesea.com PHONE your gift through on +61 2 8399 0233
THANK YOU. All donations of \$2 and over are tax-deductible. ABN 84 103 984 756