## **DONATION FORM**

PERSONAL D	FTAILS -	
	First Name	Surname
Address		
City/Suburb		Postcode
State	Phone	
Email		
Organisation		
DONATION D	ETAILS -	
Annual Giving		
I would like to dona	te to the Annual Giving	Program at the following level:
Patrons \$3,000 + Ambassadors \$10,000 +		
Significant Patrons \$5,000 +		Distinguished Ambassadors \$15,000 +
Distinguished Patrons \$7,500 + Sculptor's Circle \$20,000 +		
I would like this to b	oe an annual donation fo	or 1yr 3yrs 5yrs 10yrs
Visit our donation page ht	tps://sculpturebythesea.com/do	onate
Capital Fund		
I would like to	make a gift to the Capi	tal Fund of \$
Acknowledgemen	t Details	
Please acknowledge my gift in the name/s of		
I would like my	y donation to be anonyn	nous
PAYMENT DE	TAILS —	
I have made an electronic funds transfer. Acc Name: Sculpture by the Sea Public Fund		
BSB: 082057 Acc No: 868326427 Reference: Your Name <b>OR</b>		
I enclose a cheque made payable to Sculpture by the Sea Incorporated <b>OR</b>		
Please debit th	ne amount of \$	from my VISA Mastercard AMEX
Card Number		
Expiry /	Cardholder's Na	ame
CW	Cardholder's Sig	gnature
_		
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 & FMAIL to James Bush diving@sculpturebythesea.com PHONE vour gift through on		

Return this form via: POST to Sculpture by the Sea, PO Box 300, Surry Hills, NSW 2010 SCAN & EMAIL to James Bush, giving@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