



Regular Donation Authority

Title: Mr/Mrs/Miss/Dr First Name: _____ Surname: _____

Postal Address: _____ Telephone: _____

Suburb: _____ State: _____

Email: _____ Postcode: _____

I would like to make regular gifts to Autism SA to the amount of:

\$50 \$75 \$100 or Other amount \$ _____

I will facilitate the regular gift by

Please select one of the following options:

Option 1: I will set up a direct debit into the Autism SA Gift Fund, to be debited on the first day of every month, or nearest business day thereafter.

Gift Fund Details

Commonwealth Bank Branch : Plympton
BSB : 065-000
Account Number : 00903173
Account Name : Autism SA

Option 2: I authorise for the donation amount selected above to be deducted on the first day of every month, or nearest business day thereafter, from my credit card.

VISA MASTERCARD

Card Number: ____/____/____/____ Expires: ____/____

Full Name as on your card: _____

For the period of 1 January 2012 to 30 June 2012.

Your signature: _____ Date: _____

What address would you like your receipts sent to? _____

Please send my receipts as often as:

Once a month At the end of the financial year (30 June 2012)

Email: _____ Telephone: _____

Please return in the Reply Paid envelope provided.

Privacy Statement: You privacy is important to us and we are committed to the ethical collection and handling of your personal details. We'd like to keep you informed in our activities but if you don not wish to be contacted in the future, please tick the box and return this form to us. January 2012