



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 July 2013 to 30 June 2015**
 an ongoing period until notified otherwise

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 2015)

Email: _____ Telephone: _____

Please return in the Reply Paid envelope provided.