



**BlazeAid Inc
Natural Disaster Recovery Fund
Official Donation Form**

Date _____

Preferred Name (s) _____

Name(s) to appear on Tax Receipt _____

Address _____

Suburb _____ Postcode _____

Telephone No: _____ Fax No: _____

Email Address: _____

Please indicate how you wish to donate:

Donation amount \$ _____

I would like to pay by:

Cheque payable to **BlazeAid Inc**

EFT to the Blazeaid Inc
BSB: 633 000 Account Number: 149 795 908

Credit Card Visa Mastercard

Card Number _____ Expiry Date _____

Name of Cardholder _____ Signature _____

A receipt will be forwarded to above address. All amounts over \$ 2.00 are tax deductible

Please return the completed form to:
BlazeAid Inc, PO Box 73, Kilmore VIC 3764