DONATION

Name: _____

Address: _____

_____ State:_____ Post Code:_____

Company: _____

Phone: _____

Email: _____

Amount of Donation: $_____ Date: _____

Regularity of donation: ☐ **One off donation** ☐ **Weekly** ☐ **Monthly**

For regular donations: Start date: _____ End Date: _____

Method of Payment:

☐ Direct Debit: Bank: **Westpac** Name: **STARS Institute of Learning and Leadership**
BSB: **034 676** Account: **237 848**

☐ Cheques and Money Orders: Please make payable to "**STARS Institute of Learning and Leadership Limited"** and post to 9 Bangalow Street, MINYAMA Qld 4575

☐ Credit Card: ☐ VISA or ☐ MASTER CARD

Card Number: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _ Expiry Date: _ _ / _ _

Name on Card: _____

Signature: _____

Thank you for your kind support
(All donations $2 or more are tax deductible. ABN 16 129 616 048)
A receipt for your donation will be sent out to you ASAP

☐ ☐ Please tick here if you would like to be added to our mailing list for newsletters and upcoming events.