



# REGULAR DONATION

To set up a **regular** donation to Legacy print out the donation form and return it with your credit card or bank details to:

**Legacy Australia Incorporated, G.P.O. Box 4020, Sydney, NSW 2001**  
Or by fax to: **02 8333 0699**

Legacy relies on the support of the Australian public to care for our extended family of around 48,000 beneficiaries including 1,800 children and beneficiaries with a disability.

[Thank you for your support!](#)

**DONATE NOW!**

## STEP 1: YOUR CONTACT DETAILS

Title \_\_\_\_\_ First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Company \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Work \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

## STEP 2 : DONATION (Gifts over \$2 are tax deductible)

Please deduct the following amount:

\$10  \$15  \$20  \$50  Other amount: \_\_\_\_\_

Monthly  Quarterly  Semi-annually  Annually

### **STEP 3: PAYMENT DETAILS**

Credit Card       Debit my bank account

Account Name \_\_\_\_\_

BSB \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

VISA               AMEX               MASTERCARD

Credit card \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Expiry \_\_\_\_ / \_\_\_\_ (mm/yy)              CVC NO \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_

### **STEP 4: ADDITIONAL INFORMATION**

Comments: \_\_\_\_\_

**Thank you for your generosity in supporting Legacy. A receipt will be mailed to you when your donation has been processed.**

### **LEGACY INFORMATION**

Legacy values your support and respects your privacy. Should you not wish to receive appeal mail from Legacy please tick this box and return to us or contact us.

I would like to know more about:

- Becoming a Legatee
- Leaving a bequest
- Purchasing merchandise
- Volunteering
- Establishing a fundraising activity

### **CONTACT US**

If you have any queries about donating, contact us on **1800 LEGACY (534 229)** or email [enquiries@legacy.com.au](mailto:enquiries@legacy.com.au)

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