

'FRIEND OF PAWS' MONTHLY GIVING AUTHORISATION



ABN 84 004 789 726

Dear Graeme

Yes I, Mr Sample, will help lost, sick and abandoned dogs and cats. I would like to become a 'Friend of PAWs' by making a monthly gift of:

\$8 per month (equivalent to 27c a day) My choice of \$ _____ per month.

To make your monthly gift by CREDIT CARD, please complete OPTION 1. Or to make your monthly gift from your BANK ACCOUNT, please complete OPTION 2. Thank you.

OPTION 1 – MONTHLY GIFT BY CREDIT CARD

XXX/00/00/XX/0/0/123456

Please debit my/our credit card every month until further notice, on or around the 20th of each month.

Credit Card (please tick):	<input type="checkbox"/>	Visa	<input type="checkbox"/>	Mastercard	<input type="checkbox"/>	Amex				
Card No:						Expiry:				
Name on Card:										
Signature:					Date:					

OPTION 2 – MONTHLY GIFT BY DIRECT DEBIT FROM BANK ACCOUNT

Please debit my/our bank account every month until further notice, on or around the 2nd of each month.

Financial Institution's Name and Branch:										
Account in name of:										
BSB No:						Account No:				

By signing this document I/we authorise The Lost Dogs' Home ABN 84 004 789 726 [Debit User ID 225124] to arrange for funds to be debited from my/our account at the financial institution detailed above through the Bulk Electronic Clearing System, subject to the terms and conditions of The Lost Dogs' Home Direct Debit Request Service Agreement and any further instructions provided below. A copy of the Direct Debit Service Agreement will be sent to you and can also be found at www.dogshome.com

Signature:	Date:
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PLEASE AMEND YOUR DETAILS BELOW IF THEY ARE INCOMPLETE OR INCORRECT

Mr Sample
123 Sam St
SAMPLE TOWN SAM 7009

Phone: _____

Mobile: _____

Email: _____

We will use your email address to keep you up to date with our latest campaign and project information.

Date of birth: _____

We are privacy compliant and will only disclose information to you in future once personal details, such as date of birth, have been verified.

If you have pets, please tell us their names so we can write to them too!

Dogs: _____ Cats: _____

Other Pets: _____

Receipts will be issued at the end of each financial year (tax deductible receipts for all donations over \$2).

XXX/00/00/XX/0/0/123456

We respect your privacy. Please tick if you do not wish to receive further written communication from The Lost Dogs' Home. []

We sometimes work closely with other, like-minded organisations. Occasionally we may allow other organisations to mail our mailing list – excluding people who would prefer not to be mailed – with information that we believe may be of interest to you. These organisations usually allow us to do the same, which helps us to reach more people with vital information. If you would prefer not to receive such third party mailings, please tick here. []

Please complete this form and return it in the enclosed reply paid envelope or one addressed to:
Dr Graeme Smith, The Lost Dogs' Home, 2 Gracie Street, North Melbourne VIC 3051.

THANK YOU FOR YOUR SUPPORT