



Form No:
WIAA2(W)

DONATION FORM

Please print this form, complete your details and send to:

Warrina Innisfail 1 Warrina Street Innisfail QLD 4860

Phone: (07) 40302500 Fax: (07) 40617223

www.warrinainnisfail.com.au

adm@warrina.com

Your Details:

Mr / Ms / Mrs / Dr _____
First name Surname

Job Title (if applicable) _____

Company (if applicable) _____

Address: _____ State: _____ PostCode: _____

Phone number: _____

E-mail: _____

I would like to donate: \$ _____

MONEY DONATED GOES DIRECTLY TO WARRINA INNISFAIL and is tax deductible.

Payment Details: *(please do not enclose cash)*

OPTION ONE: Please accept my (please tick)

Single Monthly Quarterly donation of: \$ _____

OPTION TWO: My cheque/money order is enclosed (payable to Warrina Innisfail)

OPTION THREE: Please direct debit the amount to our nominated Account:

BSB: 633-000

Account Number: 121955256

Account Name: Warrina Innisfail

Reference: Surname and first initial of first name.

Thank you for your kind Donation – All donations are greatly appreciated.