



**rainforest  
rescue**  
Protect Rainforests Forever

**Yes! I want to save our  
priceless rainforests by  
making a regular donation.**

All contributions are tax deductible.

## direct giving donations to rainforest rescue

Please provide us with the following information so we can establish a secure process for your contribution.

### personal or business details:

MS / MRS / MISS / MR / DR

GIVEN NAME/S \_\_\_\_\_

SURNAME \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/SUBURB/TOWN \_\_\_\_\_

STATE \_\_\_\_\_ POSTCODE \_\_\_\_\_

COUNTRY \_\_\_\_\_

PHONE (BUSINESS) \_\_\_\_\_

(HOME) \_\_\_\_\_

(MOBILE) \_\_\_\_\_

EMAIL \_\_\_\_\_

### i/we would like to give the following amount (please tick):

\$25     \$30     \$50  
 \$75     \$100     OTHER \$ \_\_\_\_\_

AS AN ONGOING MONTHLY DONATION

### i have a preference for my contribution to be directed to: \_\_\_\_\_

\_\_\_\_\_

### my choice of payment method is:

CREDIT CARD

Please debit \$ \_\_\_\_\_ from my credit card in the  
1st week of each month.

Please enter credit card details below.

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

Card No.: \_\_\_\_\_

Bankcard     Visa     Mastercard

Expiry date: \_\_\_\_\_ / \_\_\_\_\_

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

DIRECT DEBIT

Please debit \$ \_\_\_\_\_ from my account in the 1st  
week of each month.

Please provide account information below.

Name of Bank, Credit Union or Building Society:

\_\_\_\_\_

Branch Address: \_\_\_\_\_

\_\_\_\_\_

Town Suburb: \_\_\_\_\_

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

BSB: \_\_\_\_\_

Account Number: \_\_\_\_\_

**our commitment to you:** 1. We will withdraw only the amount that you, the donor have nominated in accordance with your direct debit request. 2. We will send you a receipt within 45 days of the conclusion of the financial year summarising your entire year's gifts for tax purposes. 3. The commencement date of your direct debit request will be in the first week of the month following our receipt of your signed form. 4. We will keep private and confidential all information pertaining to your nominated credit card or account and financial institution. 5. We will promptly respond to any enquiries and to concerns you may have.

**your rights:** 1. You may ask us to alter the terms of the direct debit request. 2. Cancel your direct debit request by writing to us stating your name, direct debit details and the reason for the change.

**your obligations:** 1. It is your obligation to be aware of any potential charges your bank or financial institution may apply to direct debit transactions. 2. It is your obligation to ensure there is sufficient funds in your account each month. 3. It is your obligation to advise us if you change the detail of your bank account or financial institution.

## thank you for helping save our priceless rainforests

Please return your completed form to:  
PO Box 40 Mullumbimby NSW 2482  
or Fax: (02) 6684 6737

### OFFICE USE ONLY:

NAME: \_\_\_\_\_

VENUE: \_\_\_\_\_ DATE: \_\_\_\_\_

WL    WE    WC    ACT    MYOB    BANK