



**rainforest  
rescue**  
rainforestrescue.org.au

**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    DATE OF BIRTH \_\_/\_\_/\_\_

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):

- \$1000    \$500    \$250    \$100  
 \$50    \$25    OTHER \$ \_\_\_\_\_

### please tick one of the following:

- AS AN ONGOING MONTHLY DONATION  
 AS A ONE OFF DONATION

### i have a project preference for my contribution:

\_\_\_\_\_  
 \_\_\_\_\_

- i have included rainforest rescue in my will  
 i would like more information on how to include rainforest rescue in my will

## 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

If you have any questions about this form, or would like to order by phone, please call us: 1300 763 611.

### OFFICE USE ONLY:

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

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

WL    WE    WC    ACT    MYOB    BANK

### my choice of payment method is:

CREDIT CARD

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

Please enter credit card details below.

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

Card Number: \_\_\_\_\_

Visa    Mastercard

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

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

DIRECT DEBIT

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

Please provide account information below.

Name of Bank, Credit Union or Building Society:

\_\_\_\_\_

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

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

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

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

### ONGOING GIVING DONATIONS

**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 the details of your bank account or financial institution change.