SAINT IGNATIUS' COLLEGE ANDREA POZZO CENTRE DONATION FORM



Donor

Total of donation at end of pledge: \$												
On a: I monthly, I quarterly or I annual basis For a period of: I Year I Years I Years I Years I Years I Years I Years												
□\$25 [□\$50 []\$100	□ \$250	□\$500	□\$1000	□\$2500	□\$500	00 🗌 Other - \$				
Please acce	ept the gif	t of:										
Gift Option 2: Pledge (Regular Donation)												
□\$25 [\$50 []\$100	□\$250	□\$500	□\$1000	□\$2500	□ \$500	00 🗌 Other - \$				
Please accept the gift of:												
Gift Option 1: One-off Donation												
Donation												
Email												
Mobile or Home No.												
									Postcode			
Address												
□ I (we) consent to the publishing of my name(s) a donor. □ I (we) wish to have my (our) gift remain anonymous.												
Name(s) for Receipt Donor 1 Donor 2 Both Names												
Name(s) for	r Pacaint		1	·····2 □	Dath Namas							
and/or Donor 2 Na	ime	Title	Fir	st Name				Last Name				
Donor 1 Na			Fir	st Name				Last Name				

Payment

□ Online	Please visit: <u>https://ignatius.sa.edu.au/give/</u>								
Direct Transfer	Account Name: Saint Ignatius' College Foundation	Institution: Commonwealth Bank	BSB No: 064-786	Account No: 100 011 586					
Credit Card Cardholder Name Image: MasterCard / Image: Visa Card Number									
Cheque (Please make payable to Saint Ignatius' College Foundation)									
□ I (we) wish to discuss leaving a bequest to the College in my (our) Will.									

Signature Date

Thank you for your gift, donations of \$2.00 or more are tax deductible. A receipt will be forwarded to you shortly. For further information, please contact the Advancement Office on 8334 9383 or at <u>foundation@ignatius.sa.edu.au</u>