

# SAINT IGNATIUS' COLLEGE FOUNDATION BURSARY FUND DONATION FORM



## Donor

Donor 1 Name and/or Donor 2 Name	Title	First Name	Last Name
	Title	First Name	Last Name
Name(s) for Receipt	<input type="checkbox"/> Donor 1 <input type="checkbox"/> Donor 2 <input type="checkbox"/> Both Names		

I (we) consent to the publishing of my name(s) a donor.                       I (we) wish to have my (our) gift remain anonymous.

Address			
			Postcode
Mobile or Home No.			
Email			

## Donation

### Gift Option 1: One-off Donation

Please accept the gift of:

\$25     \$50     \$100     \$250     \$500     \$1000     \$2500     \$5000     Other - \$ .....

### Gift Option 2: Pledge (Regular Donation)

Please accept the gift of:

\$25     \$50     \$100     \$250     \$500     \$1000     \$2500     \$5000     Other - \$ .....

**On a:**  monthly,  quarterly or  annual basis                      **For a period of:**  1 Year     2 Years     3 Years     4 Years     5 Years

Total of donation at end of pledge: \$ .....

## Payment

<input type="checkbox"/> Online	<b>Please visit:</b> <a href="https://ignatius.sa.edu.au/give/">https://ignatius.sa.edu.au/give/</a>
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<input type="checkbox"/> Direct Transfer	<b>Account Name:</b> Saint Ignatius' College Foundation	<b>Institution:</b> Commonwealth Bank	<b>BSB No:</b> 064-786	<b>Account No:</b> 100 011 980
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<input type="checkbox"/> Credit Card	Cardholder Name
<input type="checkbox"/> MasterCard / <input type="checkbox"/> Visa	Card Number _____ - _____ - _____ - _____
	Expiry _____ - _____                      CVV _____

Cheque (Please make payable to Saint Ignatius' College Foundation)

I (we) wish to discuss leaving a bequest to the College in my (our) Will.

<b>Signature</b>	<b>Date</b>
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**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 [foundation@ignatius.sa.edu.au](mailto:foundation@ignatius.sa.edu.au)