

# Loreto College Marryatville

## Donation Form



### DONOR INFORMATION

Title	First Name	Surname
Address		
		Postcode
Postal Address (if different from above)		
Telephone	Mobile	Email

I wish to have my gift remain anonymous:  Yes  No

I would like to discuss making a bequest to the College:  Yes  No

### DONATION DETAILS

Please select one of the following payment options:

Option 1 - Donation

I wish to make a donation to the following fund (please circle which fund):

**Building Fund**    **Scholarship Fund**    **Parents & Friends**

Amount:  \$35  \$50  \$75  \$100  \$250  \$500  Other: \$

Option 2 - Pledge Donation

I wish to become a regular donor to the following fund (please circle which fund):

**Building Fund**    **Scholarship Fund**    **Parents & Friends**

Pledge Amount:  \$35  \$50  \$75  \$100  \$250  \$500  Other: \$

I will pay:  \$\_\_\_\_\_ Monthly  \$\_\_\_\_\_ Quarterly  \$\_\_\_\_\_ Bi-Annually  \$\_\_\_\_\_ Annually

### PAYMENT OPTIONS

Credit Card, Cheque (Payable to Loreto Marryatville Limited) or Electronic Transfer

#### Business Manager

Loreto College  
316 Portrush Road  
Marryatville SA 5068

#### Electronic Transfer

Account Name    Loreto College Marryatville  
BSB Number        015 310  
Account Number    777 010 398  
Reference            Your name

Please charge my credit card:  Mastercard  Visa

Card Number \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_

Expiry Date \_\_\_\_\_ / \_\_\_\_\_ CVV \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

I wish to provide donations through Direct Debit  Yes  No

I wish to receive a receipt for a tax deductible gift to the Building or Scholarship Fund  Yes  No

### DONOR SIGNATURE

Donor Signature

Date

**Educating strong, passionate and confident girls and young women.**