

# Donation Form

| <b>Tax Deductible Donation</b><br>[grants only made to registered charities with<br>"item 1" Deductible Gift Recipient (DGR) status]<br><b>ABN: 19 176 396 942</b>  | <b>Non Tax-Deductible Donation</b><br>(grants made to charities who do not have<br>Deductible Gift Recipient status)<br><b>ABN: 77 870 780 578</b>  |
|---|---|
| <input type="checkbox"/> Give2Good Foundation<br>[Public Ancillary Fund (PAF)]<br><input type="checkbox"/> Existing PAF Account named:<br>_____<br><input type="checkbox"/> New Named Account<br>(minimum donation \$20,000)<br>Donation amount: \$ _____ | <input type="checkbox"/> Give2Good Charitable Foundation<br>(Charitable Fund)<br><input type="checkbox"/> Existing Charitable Account named:<br>_____<br><input type="checkbox"/> New Named Account<br>(minimum donation \$20,000)<br>Donation amount: \$ _____ |
| <b>New Named Accounts only</b>  |   |
| Proposed Account Name _____   |   |
| Recommended charities to whom you wish distributions to be made:  |   |
| 1. _____ %  |   |
| 2. _____ %  |   |
| 3. _____ %  |   |
| <input type="checkbox"/> I wish my new named account to be visible to the Public  |   |
| <input type="checkbox"/> I wish my new named account to be open for further public donations  |   |
| <b>Donor Details</b>  |   |
| Name _____  |   |
| Address: _____  |   |
| Suburb _____ State _____ Postcode _____   |   |
| Telephone (BH) _____ Mobile _____   |   |
| Email _____   |   |
| <input type="checkbox"/> I wish to receive correspondence about the Give2Good Foundation.   |   |

## Give2Good Foundation Donation Form

-- Page 2 --

### Named Accounts Only

#### Contact Person for Account Statements (if different to Donor)

Note this person as the Account Contact now

Note this person as the future Account Contact upon my death

Name \_\_\_\_\_

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

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone (BH) \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

### Payment Details

Total Amount Payable: Au\$ \_\_\_\_\_

Paying by  Cash  Cheque  Credit Card

### Credit Card Details

Name on Card \_\_\_\_\_

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

Expiry Date: \_\_\_\_ / \_\_\_\_ Payment Amount: Au\$ \_\_\_\_\_

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

Please make Cheques payable to **Public Trustee WA – Give2Good Foundation**

All donations \$2.00 or more to the **Give2Good Public Ancillary Fund** are tax deductible.

To make your donation and obtain a receipt, please send this form to:

Attention: Give2Good Foundation Trust Manager (TM43)  
GPO Box M946  
Perth, WA 6843