

**A.Q.A. VICTORIA LTD**

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**A.Q.A. QUALCARE**

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## Donation Details

### Donor Details (please print clearly)

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Business: \_\_\_\_\_

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

Country: \_\_\_\_\_

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

Phone (h): \_\_\_\_\_ Phone (w): \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Payment Details (please print clearly)

I would like to donate: \$ \_\_\_\_\_

Payment Type:  Money order  Cheque  Credit Card (enter details below)

### Credit Card Details (please print clearly)

Card Type:  Visa  Mastercard  American Express

Card Number:

Expiry Date: \_\_\_\_ / \_\_\_\_

Cardholders Name: \_\_\_\_\_

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

*All donations of \$2 or more are tax deductible. A receipt will be issued upon payment.*

**Mission**

"Enabling People with Severe Physical Disabilities  
Attain Maximum Independence"

