

# Donation Form

## Kira Community Services

Every dollar counts towards assisting Kira Community Services develop meaningful experiences in our community.

### Donor Information (please print or type)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Suburb/City \_\_\_\_\_  
Postcode \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

### Donation Information

I (we) pledge a total of \$\_\_\_\_\_ to be paid:  now  monthly  quarterly  yearly.

I (we) plan to make this contribution in the form of:  cash  cheque  credit card  other.

Credit card type \_\_\_\_\_  
Expiry date \_\_\_\_\_  
Credit card number \_\_\_\_\_  
Authorized signature \_\_\_\_\_

### Acknowledgement Information

Please use the following name(s) in all acknowledgements:

\_\_\_\_\_

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make cheques/ EFT payable to Kira Community Services.  
**Please POST this form to:**

Kira Community Services  
2 Kilcairn Place  
Greenwood, WA 6024