

GIFT FORM

YOUR DETAILS		
Given Names Residential Address Suburb		Family Name
		Post Code
Mobile		Home Phone
Email		
DUCHESNE COLLEC	GE AFF	LIATION
	ident or	Associate Year/Years at College: Staff Other:
GIFT DETAILS		
I would like to make a		One-off gift \square Monthly gift \square Annual
I would like to give		\$10
I would like to support		0 Bursary Fund
		Specify here to support a
		Named Bursary or Scholarship Building Fund
		Head of College Fund (immediate needs)
Name to Display (if not	yours)	
Message with gift	-	
	-	
	-	
☐ I would like this gift to	remain	anonymous.
		·
PAYMENT DETAILS		
		ey order made payable to Duchesne College UISA Mastercard
Card Number		Expiry Date
Cardholders Name		
Cardholders Signature		
Please note: Receipt will i		I in the name of the credit card or cheque bearer.

Please print and return this form by mail to:

Duchesne College College Road St Lucia QLD 4152

Donations of \$2 and more may be claimed as tax deductions as Duchesne College has been endorsed by the Australian Taxation Office as a deductible gift recipient for Australian income tax purposes. Please contact your personal tax adviser to confirm if you are entitled to a tax deduction for this donation.