

# DONATION FORM



WILDCARE Inc was entered onto the Register of Environmental Organisations on 31 October 2005.  
All donations to the WILDCARE Gift Fund of \$2 or more are tax deductible.

<b>DONATION</b>	<input type="checkbox"/> I wish to support the WILDCARE Gift Fund by making a once-only donation of the following amount:
	<input type="checkbox"/> I wish to support the WILDCARE Gift Fund by making an automatic monthly credit card donation of the following amount:
	<input type="checkbox"/> I wish to support the WILDCARE Gift Fund by making an automatic regular donation from my salary of the following amount:
	<input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> \$30 <input type="checkbox"/> \$40 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100    Other \$ .....

## Payment details (tick as applicable)

I have attached a:

- Cheque     Money Order

For the amount indicated above, made payable to "WILDCARE Gift Fund" for my once-only donation.

- Visa     Mastercard     Bankcard     American Express    **Card No.** .....

Name on card ..... Signed ..... Expiry / /

- I have completed the Salary Deduction Form on the back of this form.

I understand that WILDCARE Inc will forward the form to my employer so regular fortnightly deductions can be arranged. (NOTE: State Servants also need to complete a Tasmanian Government Direct Deposit Authority. Please contact your Human Resources Branch or Departmental intra-net site.)

## Personal details (for the Donor Records)

- I understand that this information is for internal records only and will not be distributed other than for taxation, legal and auditing requirements.

- I give permission for my name only to be published from time-to-time in a list of donors in the WILDCARE Newsletter WILDTIMES.

Name ..... Address .....

..... Postcode .....

Phone (H) ..... (W) ..... Mobile .....

Email .....

# Deduction-from-salary Authority

## Employee Details

Surname ..... Given Name(s) .....

Employee No. .... Position ..... Division ..... Branch .....

## Employer Details

Name of Employer/Company/Agency .....

Postal Address .....

..... Phone .....

## Deduction Details

I hereby authorise my employer to retain from my salary and deposit on a per pay basis:

The amount of \$ ..... per .....

*WILDCARE* will contact your employer as above with bank details.

Date to commence deductions .....

Employee Signature .....

Date .....

**Please send completed form to  
WILDCARE Inc. c/- GPO Box 44 Hobart 7001 Tasmania.**

The *WILDCARE* Inc Office will enter you on our donor database and forward this form to your employer.

<b>OFFICE USE</b>	<b>WILDCARE Gift Fund Office Use Only</b>
	Date <i>WILDCARE</i> Account details verified ..... by .....
	Date entered into donor database ..... by .....
	Date forwarded to Employer ..... by .....
	<b>Employer HRM Use Only</b>
	HRM Actioning Officer ..... Date .....
Checked by ..... Date .....	