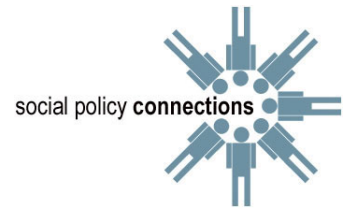


social policy connections

Donation



Title _____ First Name _____ Last Name _____

Organisation (if applicable) _____

Address _____

Postcode _____

Phone Mobile _____ Home _____ Work _____

Email _____

I would like to help advance the work of SPC with a donation of \$ _____

SPC Member? Yes No If 'No', I wish to become a member of Social Policy Connections. (There is a separate application form for memberships)

I would like to pay my donation by

Cheque Money Order Mastercard Visa

Card Number

Name on Card _____ Expiry _____ / _____

Signature _____ Date _____

Receipt Required?

BPay Social Policy Connections BSB 083230 Account 792617040
Reference: Your last name and phone number

If you have a service to offer, please feel free to contact us on 0409 897 971, or admin@socialpolicyconnections.com.au

social policy connections

PO Box 505 Box Hill Victoria 3128 | 0409 897 971

admin@socialpolicyconnections.com.au | www.socialpolicyconnections.com.au

Incorporated under the Associations Incorporation Act (Vic 1981) Inc No A0047038D | ABN 97 387 847 085