

**COMMITTED GIVING
DONATION FORM**

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Please return this completed form to:
Fax: 02 9693 1599 or PO Box 6025, Alexandria NSW 2015

Title: _____ First Name: _____ Surname: _____

Organisation Name (if applicable): _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: (____) _____ Mobile: _____ Email: _____

Year of Birth: _____ (Used as a password to establish identity if you request us to disclose our existing information to you. We comply with the Privacy Policy Act and do not disclose personal information to third parties. If you have any questions or do not wish to receive any of our communications please phone us on (02) 9330 3500.)

Please issue my receipt to: Individual Organisation

CREDIT CARD

I wish to make a **REGULAR CREDIT CARD** gift of:

\$25 \$50 \$100 Other \$ _____

to be charged to my credit card:

Monthly 3 Monthly 6 Monthly Yearly

Please charge my: Bankcard Mastercard Visa Amex Diners

Card Number: _____ / _____ / _____ / _____ Expiry date: ____ / ____

Cardholder's Name: _____

I understand that my credit card will be charged at the intervals noted above and that I will receive an annual receipt for all regular donations in each financial year.

Signature: _____

See over for REGULAR DIRECT DEBIT.....

Father Chris Riley's Youth Off The Streets

PO Box 6025, Alexandria NSW 2015

Tel: 02 9330 3500 Fax: 02 9693 1599

Contact: Development Coordinator – Donor Relations

Email: info@youthoffthestreets.com.au

www.youthoffthestreets.com.au

Donations of \$2.00 and over are tax deductible. Charity Fundraising No. 12611.

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Please complete the contact details on page one of this form to ensure that we can process your donation

DIRECT DEBIT

I/we request that monies due in terms of the payment arrangements covered by this document be drawn under the Direct Debit System from my/our account conducted with:

Name of Account to be Debited: _____

Name of Bank/Financial Institution: _____

Branch Name & Address: _____

BSB Number _____ - _____ Account Number: _____

Amount: \$25 \$50 \$100 Other \$_____ Commencement Date: _____

to be charged to my debit card: Monthly 3 Monthly 6 Monthly Yearly

Please credit the account of **Youth Off The Streets Limited** APCA No. 208078

I am aware that there may be a bank fee related to Direct Debit transactions as stipulated by my banking institution and acknowledge that the Direct Debit arrangement is governed by the terms of the Client Service Agreement below.

Signature(s) _____ Date: _____

Note: if joint account all signatures may be required.

YOUTH OFF THE STREETS CLIENT SERVICE AGREEMENT

Our Commitment to You

We will advise you, in writing, the details of the drawing arrangements (amount, frequency, commencement date) at least 14 calendar days prior to the first drawing. Where the due date falls on a non-business day, we will draw the amount on the next business day. We will not change the amount or frequency of drawing arrangement without your prior approval. We reserve the right to cancel the drawing arrangements if three or more drawings are returned unpaid by your nominated Financial Institution and to arrange with you an alternate payment method. We will keep all information pertaining to your nominated account at the Financial Institution, private and confidential.

Your rights

You may terminate the drawing arrangements at any time or stop payment of a drawing by giving written notice to Youth Off The Streets. Such notice should be received by us at least 14 business days prior to the due date. You may request change to the drawing amount and/or frequency of drawings by contacting us and advising your requirements no less than 14 business days prior to the due date. Where you consider that a drawing has been initiated incorrectly you should take the matter up directly with us.

Your commitment to us, your responsibilities

It is your responsibility to ensure that sufficient funds are available in the nominated account to meet a drawing on its due date. It is your responsibility to ensure that the authorisation given to draw on the nominated account, is identical to the account signing institution held by the Financial Institution where the account is based. It is your responsibility to advise us if the account nominated by you, from which the funds are drawn is transferred or closed. It is your responsibility to arrange with us a suitable alternate payment method if the drawing arrangements are cancelled either by yourselves or the Nominated Financial Institution.

**Direct Debiting is not available on the full range of accounts. If in doubt, please refer to your financial Institution.*

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