**JCMA Donation Form**

Thank you for making a generous contribution. Completing your donation form will just take a few minutes. As a listed harm prevention charity we have DGR status and you can claim a tax deduction. Please provide your address and email details so we can send you your tax receipt.

**Contact Details**

I am donating as an: Individual Organisation (Please circle)

The receipt will be issued to this person as an individual or in a company name if donating as a company or organisation.

Title: \_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisation name:­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a faith group you identify with? (please circle one)

Judaism: Christianity: Islam: None: Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street/PO Box: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Suburb: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State/Territory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_Country:­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment**

¨ I wish to donate $\_\_\_\_\_\_\_\_\_\_\_to the Jewish Christian Muslim Association (JCMA)

¨ I wish to make a monthly payment of $ \_\_\_\_\_\_\_ per month

I wish to pay by (Please circle one)

¨ **Cheque** Please make cheque or money order out to: JCMA Inc – Public Fund

¨ **Direct Deposit** Please write donation and your name in the payment description.

***Bank:*** National Australia Bank

 ***Account Name****:* JCMA Inc – Public Fund

 ***BSB****:* 083-004

 ***Account number:*** 74 334 3813

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Donations of $2 or more are tax deductible.*

**To send a copy of the receipt and a receipt at tax time**

Please email this form to: donations@jcma.org.au with “Donation and Tax Receipt” in the header.

Any questions please call Ginette on 0400 211 221.

Visit our Website: <https://jcma.org.au/>

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