

Donation Form “The Gift of a Smile”

I would like to make a donation of \$_____ to support “The Gift of a Smile” program

Title _____ Name _____ Surname _____

Address _____

Suburb _____ State _____ Postcode _____

Email _____

PAYMENT METHOD

By Cheque Payable to: Interplast Australia & New Zealand Overseas Aid Fund

Please send cheques to Barbara Wall, The Gift of a Smile, Interplast Australia & New Zealand,
250 – 290 Spring Street, East Melbourne VIC 3002

By Credit Card (Please complete details below)

Visa Mastercard Diners Club AMEX

Card Number _____ Expiry Date _____

Name on Card _____ Signature _____

Via Direct Debit

Account Name: Interplast Australia & New Zealand

BSB: 033 364

Account Number: 361 633

Reference: Gift of a Smile – Donors Name

Any information you provide to Interplast will be treated in the strictest of confidence. Interplast will only use your personal details in order to provide you with the opportunity of a range of services and facilities that will benefit Interplast programs. Interplast does not rent, lease, or sell your personal details to any other organisation. Interplast Australia & New Zealand respects your privacy, for more information on our privacy policy please see our website at www.interplast.com.au. Please check this box if you do not wish to receive further material from Interplast.

CONTACT DETAILS

Mail: Barbara Wall
Rotary Club of Upper Blue Mountains Sunrise
PO Box 360, Blackheath NSW 2785

Email: donate@giftofasmile.org.au

Web: www.giftofasmile.org.au

Tel: 02 47878798

Fax: 02 47878786

