

# DONATION REPORT AND DEPOSIT SLIP

**NAME OF GOLF CLUB:** (please use capital letters to complete form)

**ADDRESS OF GOLF CLUB:**

**STATE:**

**POSTCODE:**

**NAME & TITLE OF CONTACT PERSON:**

**DATE AND TYPE OF EVENT:**

**NUMBER OF PARTICIPANTS:**

**DONATION AMOUNT:**

**METHOD OF PAYMENT:**

\$

EFT  CHEQUE  CREDIT CARD

**BANKING DETAILS TO DEPOSIT DONATION:**

Name of Account | Legacy Australia Inc **Remembrance Golf Day**

Account BSB | 063019

Account number | 10797679

Bank | CBA

**Note:** It is essential you quote your Golf Club name with payment to assist with reconciling reports and payments.

Alternatively Clubs can make a credit card donation to Remembrance Golf Day for Legacy:



**Credit Card number:**

**Exp. Date:** Month

/Year

**Name on Card:**

Or, send cheque payable to | **Remembrance Golf Day for Legacy**

Address | Legacy Australia PO Box 267 MIRANDA NSW 1490

**NOTE:**

**Please mail, fax or email this card and payment no later than 1 December 2014**

Mailing address | Legacy Australia, PO Box 267 MIRANDA NSW 1490

Fax | (02) 8543 2199

Email | [marketing@legacy.com.au](mailto:marketing@legacy.com.au)

**Enquiries to:**

Frances Crampton AM, Executive Officer

Email | [remembrance@legacy.com.au](mailto:remembrance@legacy.com.au)

Phone | 0418 615 337.

**THANK YOU FOR YOUR SUPPORT**



**REMEMBRANCE  
GOLF DAY**

- FOR LEGACY -