

# Your Impact Donation Form



Fiona Wood  
Foundation

Your commitment to the Fiona Wood Foundation, championing the brightest minds in research and realising the vision of scarless healing - in mind and body.

## DONOR DETAILS

I/We are donating as an  Individual  Organisation

Title  First Name/s  Surname/s

Company Name (if applicable)

Address  Suburb  Postcode

Phone  Mobile

Email

## DONATION DETAILS

1 I/We would like to pledge \$  per year  per quarter  per month   
for a duration of  1 year  2 years  3 years  
for a total gift of \$  Gift date to commence  /  /

OR

2 I/We would like to make a once-off gift \$  Gift date  /  /

I/We understand that any gift intention is not binding and may be altered by me/us should circumstances necessitate.

I/We give permission to Fiona Wood Foundation to list my/our names as supporters of the Foundation.

## PAYMENT DETAILS

Donation \$  payable by:

**Cheque** (made payable to **Fiona Wood Foundation**) OR request an **invoice**

**Direct Deposit** BSB: **066 000**, Account Number: **1219 5369**, Reference: **Your Name**

**Credit Card**  Mastercard  Visa  Amex

Name on card

Card number         Expiry  /

Signature  Date  /  /

### Thankyou for your tax deductible contribution

Please email your donation form, and for any questions relating to your gift please contact:  
Diane Lim, Executive Director on **0423 066 904** or **diane@fionawoodfoundation.org.au**