

Donor Registration Form

Your details

Name _____

Organisation (if applicable) _____

Position (if applicable) _____

Postal Address _____

Phone _____

Mobile _____

Email _____

Your contact preference

Would you prefer to receive GALFA information by: Email Post (please circle)

Your privacy level

Are you happy to be publicly listed as a GALFA donor: Yes No (please circle)

Your assistance

Would you be able to offer assistance to GALFA: Yes No (please circle)

If Yes, please indicate the skills that you could offer:

Your donation to the GALFA Public fund

Amount of donation: \$

Donations can be made in the following ways (please tick method used):

- cheque payable to 'GALFA'
- electronic funds transfer (EFT)
BSB number: 083-170; Account number: 811639991
NAB, 129-135 Elgin St, Carlton, 3053
Please enter your name online when you pay by EFT
- credit card through the 'our community' website
<http://www.ourcommunity.com.au/>

Please return completed form to:

Gay and Lesbian Foundation of Australia
A.C.N: 116 997 427
PO Box 3066 Murrumbeena, Victoria 3163
Email info@galfa.org.au Web www.galfa.org.au