



Donation Form



The Mission to Seafarers Victoria

Caring for Seafarers for 160 years

ABN: 69 302 106 434 DGR: 900463654

Donor Information (please print or type)

Name _____

Postal address _____

Suburb, State,
Postcode _____

Phone 1 | Phone 2 _____

Email _____

Donation Information

I (we) pledge a total of \$_____ to be paid: now monthly quarterly yearly.

I (we) plan to make this contribution in the form of: cash cheque credit card other.

Credit card type | Exp. date _____

Credit card number _____ CCV: _____

Authorised signature _____

Gift will be matched by (company/family/foundation) _____

form enclosed form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

I (we) wish to have our gift remain anonymous.

Signature(s) _____ Date _____

Please make cheques, corporate matches,
or other gifts payable to:

Mission to Seafarers Victoria
717 Flinders St
Docklands, 3008

Bank Acc:
Seafarers Welfare Fund
Bendigo Bank
BSB: 633 000
Acc No: 133 811 216

