

## - Authority for Periodical Donation -

I ..... would like to donate the sum of \$..... to  
(Insert full name) (insert amount)

The Esther Foundation [ABN 54154517827] on a monthly basis from:...../...../.....  
(insert date) until...../...../.....or until further notice  yes  
(insert date of final withdrawal or tick until further notice)

Please debit my credit card account:

Card type: Visa / Mastercard / American Express / Diners Cub

Card Number:

Expiry Date: \_\_ / \_\_

Name of Cardholder:.....

Signature of Cardholder:.....

I understand that this authority will remain effective until date of final withdrawal as stated above or written notice of such revocation is received by The Esther Foundation

Contact Details:

Address:.....

Suburb:.....State:..... Postcode:.....

Phone: ..... :.....

Email: .....Mobile.....

.....  
(Signature)

Please complete and return to:  
**The Administrator**  
**The Esther Foundation Incorporated**  
**P.O.Box 87**  
**South Perth 6951**  
**Western Australia**



Or scan and email to [accounts@estherfoundation.org.au](mailto:accounts@estherfoundation.org.au)

\*All donations over \$2 are tax deductible