



United Way  
West Australia

United Way West Australia  
Donation Form

- I would like to make a regular donation of \$\_\_\_\_\_ per month (I authorise you to charge my credit card until otherwise advised).
- I would like to make a one off donation to United Way \$\_\_\_\_\_

Title: Mr/Mrs/Miss/Ms/Dr                      First Name: \_\_\_\_\_

Surname: \_\_\_\_\_ Company: \_\_\_\_\_  
(if applicable)

Address: \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_                      Phone: (W): \_\_\_\_\_ (H): \_\_\_\_\_

(M): \_\_\_\_\_ Email: \_\_\_\_\_

Receipt to be made out to: Company/Personal (Please circle).                      I'd like to pay by: (please tick)

Cheque/Money Order -Made payable to United Way West Australia

Visa                       MasterCard

CardNo: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

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

Cardholder's Name: \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_

Please send an acknowledgement of my donation to:

Address: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_