YES, I WANT TO HELP the Pathways Foundation

develop the health and wellbeing of our boys and girls

pathways FOUNDATION
Every Child's Rite

Name .....

Address ..... Postcode .....

Contact number ..... Email .....

PLEASE SELECT FROM ONE OF THE FOLLOWING OPTIONS:

☐ **One-off donation**

☐ $25 ☐ $75 ☐ $250 ☐ other $.....

☐ **I would like to become an ongoing supporter with a monthly donation of**

☐ $20 ☐ $50 ☐ $200 ☐ other $.....

I/we enclose:

☐ Cheque/Money Order

OR

☐ Please debit my/our Credit Card

Credit Card Information: Card type:

☐ Amex ☐ Mastercard ☐ Visa

Account No:

Name on card: ..... **Expiry date** ...../.....

Amount to be charged: $..... **Signature**..... **Date**.....

OR

☐ **Pay by internet transfer**

Account name: Pathways Foundation Limited BSB: 082 707 Account number: 565 869 125
Please put your last name in the subject line and email or fax deposit notification.
You can set up a periodical payment with your bank to make regular donations.

☐ I would like information on remembering Pathways Foundation in my Will

Thank You Donations of $2 and over to Pathways Foundation are tax-deductible.

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