



## DONATION FORM

RECEIPT ISSUED IN NAME OF: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CONTACT: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

EMAIL: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

Is your Donation to go against a particular Rider or Support Crew's fundraising?

No Yes (Rider/Support Crew's Name: \_\_\_\_\_ )

PAYMENT OPTIONS:

- Cash** - Please drop into your local Camp Quality Office
- Cheque** - Please make out to CAMP QUALITY LIMITED and forward with this form to:  
P.O. Box 545 Warners Bay NSW 2282 or Fax: 02 49472489
- EFT Payment** to the following Details  
Bank - NAB Account Name: Camp Quality Limited  
BSB: 082 155 A/C: 037429812  
Please add the following Reference to all transactions:  
RIDE18 + Business Name OR Surname

**Credit Card**

Visa  Mastercard

Name on Card \_\_\_\_\_

Number \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_

Expiry Date \_\_\_\_/\_\_\_\_ Signed \_\_\_\_\_