



Rise Up Australia Party

ABN 20 150 207 800

Pledge / Donation Form

Name: _____

Date: _____

Address: _____

P/Code: _____

Contact Number Essential

Primary Telephone (____) _____ Secondary Telephone (____) _____

Card No. : ____/____/____/____ ____/____/____/____ ____/____/____/____ ____/____/____/____

Expire Date: ____/____/____

CCV:(last three digits back of card) ____/____/____

VISA / MasterCard (please circle)

Signature: _____

Other Methods of Payment

Direct Debit

ANZ – Dandenong Plaza BSB: 013289 Acc No. : 2764 -19718

Please Specify "Pledge" and Your name

Cheque or Cash

Please post to PO Box 137 Hallam 3803

I (we) Pledge a One off/ Monthly/ Weekly/ Quarterly (please circle) Donation of \$ _____

I will endeavor to complete my pledge within 12 months, signed: _____

Tear off – Your Reminder for Rise Up Australia Party – Pledge

Amount Donated: \$ _____ Date Started ____/____/____

One off/ Monthly/ Weekly/ Quarterly (please circle)