

Annual Giving Donation Form

Title: _____ First Name: _____ Surname: _____

Address: _____

Suburb: _____ Postcode: _____

Email: _____ Phone: _____

DOB: ____ / ____ / ____ (Optional... we would love to send you a birthday message!)

I would like to donate:

- | | |
|---|--|
| <input type="checkbox"/> Possibilities Partner \$25,000 | <input type="checkbox"/> Transformation Trailblazer \$10,000 |
| <input type="checkbox"/> Ambition Ambassador \$5,000 | <input type="checkbox"/> Impact Investor \$2,500 |
| <input type="checkbox"/> Aspiration Ally \$1,000 | <input type="checkbox"/> Community Champion \$500 |
| <input type="checkbox"/> Other amount \$_____ | |

Please direct my donation to (pick one):

- | | |
|--|--|
| <input type="checkbox"/> The Possibilities Project | <input type="checkbox"/> Technology and Innovation |
| <input type="checkbox"/> Learn2Adult | <input type="checkbox"/> Research and Evaluation |
| <input type="checkbox"/> Accessibility & Accommodation | <input type="checkbox"/> Wherever the need is greatest |

Donation method:

- Direct deposit (see details below) Cheque Mastercard Visa

Payment by card:

Card number: _____ / _____ / _____ / _____

Expiry Date: ____ / ____ CVV: _____

Cardholder's Name: _____

Signature: _____

Direct Deposit details:

Please use the reference: **"Donation [Your Surname] [Your First Name]"**

Account name: Mosaic Community Care Inc. BSB: 066-000 Account No.: 131 880 56

Your public support helps us grow our donations; however, you may remain anonymous if you prefer.

I would like to remain anonymous: No Yes

- Leaving a legacy:** Please send me information on leaving a bequest to Mosaic in my Will.

Mosaic is a Registered Charity and Deductible Gift Recipient. All donations of \$2 and above are tax-deductible.

Thank you for your support!