

YES, I WILL MAKE A GIFT TODAY

MY DETAILS

Title _____

First Name _____ Surname _____

Company Name _____

Position _____

Postal Address _____

Phone _____ Email _____

MY GIFT

I would like to make this a

Single gift

Monthly gift*

*You can make changes at any time to your monthly gift by contacting us

MY PAYMENT

Please debit my Credit Card

Visa

MasterCard

AMEX

Expiry /

Card Number

Cardholder Name

Cardholder Signature

OR

Enclosed is my cheque payable to SCARF Inc

OR

Gifts can also be made via Electronic Funds Transfer payable to SCARF Inc.

Account Name: SCARF Incorporated

BSB: 641-800

Account Number: 200 557 844

Reference: Your surname then first initial then 'membership' e.g. Smith J membership.

NEXT STEPS

Mail this form to: PO Box 1104, Wollongong DC NSW 2500

Or drop it into the office: 26 Atchison Street Wollongong NSW 2500.

SCARF (ABN 80532012995) will protect your privacy. If you do not wish to receive information about SCARF in the future you can change your preferences by emailing scarf@scarfsupport.org.au A copy of our privacy policy is available on request.

Contact Us

SCARF Refugee Support
scarf@scarfsupport.org.au
02 4224 8646