

**INDIGIBOUS CONSUMER  
ASSISTANCE NETWORK Ltd.  
DONATION FORM**



**CONTACT INFORMATION**

Title \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Organisation \_\_\_\_\_ Position \_\_\_\_\_

Email \_\_\_\_\_

Phone W ( ) \_\_\_\_\_ H ( ) \_\_\_\_\_

**DONATION – Please tick of one of the options below**

**MONTHLY DONATION** Yes, I wish to make a monthly donation of:

\$15 per month

\$25 per month

\$35 per month

\$50 per month

Other \$ \_\_\_\_\_ per month (minimum of \$10)

**ONE OFF DONATION** Yeas, I am pleased to donate:

\$25

\$50

\$75

\$100

\$500

\$1000

Other \$ \_\_\_\_\_

All donations \$2 or above are tax deductible

**CREDIT CARD** for single or monthly donations

Visa

Mastercard

Bankcard

Name on card: \_\_\_\_\_

Card No. \_\_\_\_\_

Expiry Date \_\_\_\_\_ / \_\_\_\_\_ Signature: \_\_\_\_\_

Thank you for supporting ICAN. Feel free to tick one of the boxes below.

I would appreciate more information about

Please send information about making a bequest to Indigenous Consumer Assistance Network Ltd in my will

**PLEASE FAX THIS FORM TO (07) 40315883**

**OR POST THIS FORM TO:**

**Indigenous Consumer Assistance Network Ltd PO Box 1108 North Cairns QLD 4870**