

Donation

Thank you for supporting Ambulance Victoria.

Your kind contribution will assist us in delivering best care to every patient every time.

DONOR INFORMATION

Title:

Name

Address:

Suburb:

State:

Postcode:

Phone:

Email:

I declare that I am not a supplier of Ambulance Victoria and I have no actual, perceived or potential conflict of interest with Ambulance Victoria

GIFT DETAILS

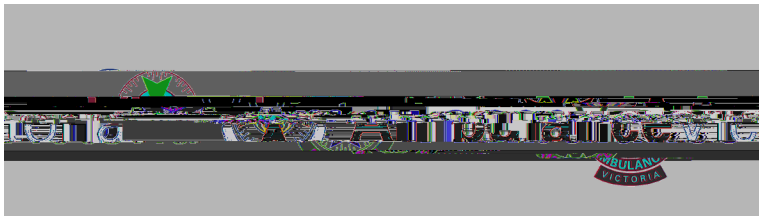
Yes, I would like to make a donation of: \$1000 \$500 \$100 \$50 Other: \$ _____

Please specify where you would like your donation to be directed towards and specify location:

General or Auxiliary _____ or Station/Branch _____

For Credit Card payments please pay Online via the AV website: ambulance.vic.gov.au/donate-online-now





FORM FOR FCS 121



Please return this completed form to Ambulance Victoria's Community Fundraising Office :

Post Ambulance Victoria Community Fundraising, 375 Manningham Road, Doncaster VIC 3108

Phone 1300 566 435 **Email** donations@ambulance.vic.gov.au

ABN 50 373 327 705

All donations \$2.00 and over are tax deductible .

Ambulance Victoria is dedicated to keeping your details confidential. Any information we collect in relation to you, is kept in a secure location.

We do not pass on/sell/swap any of your personal details to any third parties. The information provided will be used solely for its intended purpose.

Please only complete this page if you have ticked the special conditions box on page 1.

*SPECIAL CONDITIONS

Please consider the following special conditions when expending these funds:

APPROVAL STAFF USE ONLY

Special conditions associated with donated funds must be authorised by the Community Fundraising team to ensure Ambulance Victoria is able to meet the requirements.

In some cases, the donation recipient (branch/aux/etc) will be required to provide additional documentation advising how the funds will be utilised in line with the donor's special conditions. This will need to be forwarded in addition to the donation form prior to approval being granted.

Please contact a member of the Community Fundraising team if you require additional support.

Community Fundraising Approval

Position : Senior Manager Community Fundraising & Privacy

Date:

Name:

Signature:

STAFF USE ONLY

