

## Donation Form

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
City & State \_\_\_\_\_ Post Code \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email \_\_\_\_\_  
Business (if applicable) \_\_\_\_\_

PLEASE FIND ENCLOSED MY DONATION TO HOTELCARE FOR: (Please circle amount)

\$500    \$100    \$50    \$25    OTHER AMOUNT: \$ \_\_\_\_\_

WOULD YOU LIKE TO MAKE THIS A REGULAR DONATION? (Please circle Yes)

YES    Please select frequency (circle):    Monthly    Biannually    Annually

CREDIT CARD NUMBER : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

EXPIRY: \_\_\_\_ / \_\_\_\_    CVV #: \_\_\_\_\_    SIGNATURE: \_\_\_\_\_

Cheque (Make cheque out to: Hotel Care Foundation)

Direct Deposit : Our bank details are:

NAME: Hotel Care Foundation

BANK: Bank of Melbourne

BSB: 193-879

ACCOUNT #: 479-998-300

Please circle yes if you require a Donation Receipt : YES

For Enquiries & Information  
Email: [k.ooi@ahavic.com.au](mailto:k.ooi@ahavic.com.au)

Hotel Care Foundation  
1/1 Little Collins Street  
Melbourne  
Vic 3000  
T: +61 (03) 9654 7100

Hotel Care Foundation (Vic) Pty Ltd is endorsed as a  
Deductible Gift Recipient. All donations over \$2 are tax  
deductible.