



I WOULD LIKE TO MAKE A DONATION TO
UNITINGCARE COMMUNITY OPTIONS

(Please print and complete this form)

Name: _____

Address: _____

State: _____ Postcode: _____ Ph.: _____

Please indicate amount \$ _____

ALL DONATIONS OVER \$2.00 ARE TAX DEDUCTIBLE

I would like my donation to be used by **UnitingCare Community Options** for:

- General purposes
- Specific program (please give name): _____

Payment method

- Cheque
- Money order

(Please make payable to **UnitingCare Community Options**)

Return this completed form to:
UnitingCare Community Options
Ground Floor, Building 5
Brandon Office Park
530-540 Springvale Road
Glen Waverley VIC 3150