**DONATION**

I/We wish to donate $ . . . . . . . . . . . . . . . . . . . . . . . . . . . . for use in the Anglican Parish of South Wagga Wagga (“the Parish”) and with that in mind I/we attach (please tick the appropriate box):

A cheque in that amount made payable to Anglican Parish of South Wagga
Wagga; or

Details of a direct deposit in that amount into AIDF Account BSB 702-389 Account Number 05209915

I request that my donation be paid or used in the Parish to benefit one or more of the following (please tick the appropriate box):

* Any purpose as directed by the Parish Council . . . . . . . . . . . . . . . . . . . . . . . . . . . .
* St Alban’s Kooringal . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
* St Paul’s Turvey Park . . . . . . . . . . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . . .

 *In making this donation I acknowledge and agree that:*

1. *my donation is made freely on the basis stated above;*
2. *that there will be no obligation on the Minister/s of the Parish, the Parish Council or parishioners to do anything for me in recognition of the donation or to apply the donation in any particular way;*
3. *I have no expectation that I will receive anything in return for my donation; and,*
4. *if it is not reasonably possible to apply the funds as indicated above, they will be used as directed by the Parish Council.*

Please forward a receipt to:

Name(s) ………………………………………………………………………………………..

Address ………………………………………………………..……………………….............

Telephone no. ………………………………………………………………………………….

E mail address …………………………………........................................................................

Yours sincerely,

Signed ………………………………………………………………………………….............

Date ……………………………………………………………………………………………