



# Foundation Donation Form

## DONOR DETAILS

Title (please circle): Mr / Dr / Fr / Ms / Miss / Mrs

Surname(s): \_\_\_\_\_

Given Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

## DONATION RECEIPT

Issue tax receipt in the name(s) of: \_\_\_\_\_

☐ I/we wish for our donation to remain anonymous and not to be publicly acknowledged by the College.

## ASSOCIATION TO THE COLLEGE

☐ Current Parent ☐ Past Parent ☐ Future Parent ☐ Old Boy ☐ Staff ☐ Other \_\_\_\_\_

## DONATION AMOUNT – DONATIONS OVER \$2 ARE TAX DEDUCTABLE

☐ \$100 ☐ \$250 ☐ \$500 ☐ \$5,000 ☐ \$10,000 ☐ Other amount: \$ \_\_\_\_\_

If you would like to discuss a donation with the College, please email or telephone the Villanova College Foundation Office at [foundation@vnc.qld.edu.au](mailto:foundation@vnc.qld.edu.au) or call +61 7 3394 5665

## DONATION TYPE

☐ Recurring Annually ☐ Recurring Monthly ☐ Single (one off donation)

## DGR FUND SELECTION – 100% OF YOUR DONATION ALWAYS GOES TO THE FUND OF YOUR CHOICE

Please select: ☐ Villanova College Foundation Building Fund

## PAYMENT DETAILS

☐ Cash (do not send by post) ☐ VISA ☐ Mastercard ☐ Cheque\*

Card Number: \_\_\_\_\_

Card Holders Name: \_\_\_\_\_

Card Expiry Date: \_\_\_\_ / \_\_\_\_ Card Holders Signature: \_\_\_\_\_

*\*Cheques should be made payable to the Villanova College Foundation Building Fund*

### Please return completed forms by email or post to:

The Foundation Manager, Villanova College Foundation Office, Villanova College, 24 Sixth Avenue  
COORPAROO QLD 4151 AUSTRALIA

E) [foundation@vnc.qld.edu.au](mailto:foundation@vnc.qld.edu.au) T) +61 7 3394 5665

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