

PLEDGE AUTHORISATION FORM

I/We _____ of _____
_____ (business name if applicable)
_____ (mailing address)

would like to make a pledge to the Rosemary Foundation Charitable Fund on a regular basis on behalf of _____

Options for pledge: Cheque Online Credit Card

For Credit Card option I / we give permission for Rosemary Foundation Charitable Fund to debit my credit card for the purpose by way of a regular pledge.

Frequency of pledge

Annually Quarterly Monthly

Pledge start date: ____/____/____ **Amount: \$** _____

Credit Card Details

_____/_____/_____/_____.

Expiry Date: ____/____/____ **CVV:** _____ (3 digit nos on back of card)

Name on credit card: _____

Signed: _____

Required details for all options:

Telephone contact number: _____

Contact person: _____

Please return form to:

Rosemary Foundation
c/o GPO Box 460 ADELAIDE SA 5001
08 82234450
OR email to rosemaryfoundationsa@gmail.com

Office use only
File # _____
Batch # _____