AALAM BIBI FOUNDATION AUSTRALIA LIMITED

SINCE 2005

41 Hillside Terrace, St. Lucia, Queensland 4067
ABN 12 685 359 504 ACN 685 359 504

DIRECT DEBIT REQUEST (DDR) FORM

All donations over $2 are tax deductable

Donor Details

Full Name: _____

Postal Address: _____

Telephone Number: _____ Email Address: _____

Donation Details (Tick one)

☐ **Sponsor a Child** – $50 Monthly (Provide education, meals, and healthcare for one child)

☐ **Sponsor a Class** – $1,500 Monthly (Support an entire class with teaching resources and facilities)

☐ **SAC Endowment Fund** - $ 6000 (One Time Donation to sponsor a child education every year - forever)

☐ **One-off** – A single donation of $ _____to support ABF programs

Commencing on: ____ / ____ / _____ (Enter date)

Bank Account Details (Donor)

Financial Institution: _____

Account Name: _____

BSB: ___ ___ ___ ___ ___ ___ Account Number: ___ ___ ___ ___ _____ ___ ___ _ ___ ___

Debit/Credit Card

Card Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Expiry Date: ___ ___ / ___ ___

CVC ___ ___ ___

Aalam Bibi Foundation Australia Limited - Bank Details

Bank: ANZ Bank
Account Name: Aalam Bibi Foundation Australia Limited
BSB: 012370
Account Number: 669787255

Authorisation

By signing this form, I/We authorise Aalam Bibi Foundation Australia Limited to arrange for funds to be debited from my/our nominated account as specified above.

Signature: _____ Date: ____ / ____ / _____

Return Instructions

Please email the completed form to: aalambibiaus@gmail.com website: www.aalambibi.org