

Bordertown Health & Community Foundation

The Secretary
Bordertown Health and Community Foundation
PO Box 743
Bordertown SA 5268

I/We _____

of _____

are interested in supporting the objectives of the Bordertown Health and Community Foundation and enclose a donation to the Foundation for the amount of

\$ _____

Please tick if you require a receipt)

Or I/We would like the Trustees to contact me/us to see how I/we can assist the Foundation with a Donation or Bequest.

My/Our contact Details are

Address _____

Phone _____ Mobile _____

Email _____