



Contribution Form

Please complete this form, print and send with your payment to:

The Australian Community
 375 South End Ave #3N
 New York, NY 10280
 EIN: 45-5414894

* Required information	
*Date	
*Donor Name(s)	
*Address	
*City/State/Zip	
*Phone	
Email	
*Enclosed is my gift of:	<input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> Other \$
*Method of Payment	<input type="checkbox"/> Check enclosed <input type="checkbox"/> Credit Card
*Credit Card type	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover
	Number: Expiration Date:
	Name as it appears on the Card:
	Cardholder signature:
Form completed by :	
*Apply my donation to the following (If you choose more than one, it will be divided equally)	
<input type="checkbox"/> Where the need is the greatest	<input type="checkbox"/> Education <input type="checkbox"/> Name of Charitable Organization(s):
<input type="checkbox"/> Skin Cancer Prevention	<input type="checkbox"/> Disaster Relief Fund
Memorial and Tributes (optional)	
This Gift is made in memory of:	
and / or	
This Gift is made in honor of:	
A notice of your memorial or tribute gift will be sent promptly to the person listed below: The gift amount will not be indicated.	
Name	
Address	
City/State/Zip	

The Australian Community Inc. is a 501(c)(3) public charity and is qualified to receive tax deductible contributions, bequests, devises, transfers or gifts under Sections 170, 2055, 2106 or 2522 of the IRS Code.