



MI Care
Magnetic Island Community Care

DONATION FORM

Donor Details

• **Name:** _____

• **Address:** _____

• **Phone:** _____

• **Email:** _____

Donation Type (tick one):

- One-off Donation
- Recurring Donation (monthly/quarterly/annually)

Donation Amount

- \$20
- \$50
- \$100
- Other: \$ _____

Payment Method (tick one):

- Direct Bank Transfer
- Cheque
- Cash
- Other (specify): _____

Acknowledgement

- Please send me a receipt
- I wish to remain anonymous

Declaration

I understand that my donation supports the objectives of Magnetic Island Community Care Association Inc. and will be used to benefit community programs, services, and activities.

Signed by Donor: _____

Date: _____

Note: Donations over \$2 may be tax-deductible (subject to ATO rules).