
Donation Form

Title	<input type="text"/>	Organisation (if applicable)	<input type="text"/>
Name	<input type="text"/>	Surname	<input type="text"/>
Address	<input type="text"/>		
Suburb	<input type="text"/>	Postcode	<input type="text"/>
Home Phone	<input type="text"/>	Business Phone	<input type="text"/>
Fax	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		

Comment (if applicable)

Donation Type

- Via Cheque
(please make payable to "Storytime Foundation")
If you are making a donation by cheque please post it along with this form to:
Storytime Foundation, P O Box 18 340, Glen Innes, Auckland 1743
- Via Direct Credit
(please pay into the following account using your name as your reference ASB 12 3031 0104084 00)
If you are making a donation by direct credit please post this form to:
Storytime Foundation, P O Box 18 340, Glen Innes, Auckland 1743

Donation Amount \$
