



ST JOHN'S
of EAST MALVERN
FOUNDATION

DONATION FORM

Name _____

Business Name _____

Address _____

Suburb _____

Postcode _____

Telephone _____

Mobile _____

Email _____

I wish to make a _____

One-off gift

Fortnightly

Monthly gift

Amount \$ _____

Cheques made payable to

The St John's of East Malvern Foundation Ltd.

A receipt will be sent once payment has been received.

Or, please debit my _____

Visa

Mastercard

Amount \$ _____

Card No. _____

Expiry date: _____

Name on card _____

Cardholder Signature _____

Date _____

Donations to The St John's of East Malvern Foundation
are tax-deductible.

I would like my donation to be applied
to the West Wall Restoration Project

Please forward the completed donation form and payment to

St John's of East Malvern Foundation Limited

7 Finch Street, Malvern East VIC 3145

Telephone 9571 6616

Email foundation@saintjohns.org.au