

Changing Lives Partner Donor Information Form		
First Name	Surname	Date
Business or Organisation name: If applicable		
Address:		
Suburb:	Postcode:	Phone:
Email Address:		

Business or Organisational Background Summary (If applicable)								
(Limit 50 words)								
<p>Donation information <i>Please tick one</i></p> <p><input type="radio"/> I have made a one off donation online for \$_____</p> <p><input type="radio"/> I would like to donate and require an invoice sent to the email above for \$_____</p> <p><input type="radio"/> Make a donation via Electronic Funds Transfer (EFT)</p> <table border="1"> <tbody> <tr> <td>Account Name</td> <td>Technology for Ageing and Disability Inc</td> </tr> <tr> <td>Bank</td> <td>Beyond Bank</td> </tr> <tr> <td>BSB</td> <td>805 022</td> </tr> <tr> <td>Account Number</td> <td>03559 7672</td> </tr> </tbody> </table> <p>A receipt will be issued for all donations received. All donations are fully tax deductible ABN: 90797478904</p>	Account Name	Technology for Ageing and Disability Inc	Bank	Beyond Bank	BSB	805 022	Account Number	03559 7672
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